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PROCEEDINGS

OF THE

AMERICAN INSTITUTE

OF

HOMŒOPATHY,

FOR 1853.

Session held in Cleveland, Ohio, June 8th, 1853.

PHILADELPHIA:
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PROCEEDINGS

OF THE

AMERICAN INSTITUTE OF HOMŒOPATHY.

TENTH ANNUAL SESSION,

Held June 8th, 1853.

1. The American Institute of Homœopathy commenced its Tenth Annual Session, in Pulte's National Hall, at 10 o'clock, A. M., and was called to order by the General Secretary, William A. Gardiner, M. D.

2. The roll of members was called, and about fifty physicians answered to their names.

3. Richard Gardiner, M. D., of Philadelphia, was elected Chairman, who upon assuming the duties of presiding officer acknowledged in an appropriate manner the honor conferred upon him by the members of the Institute.

4. *Board of Censors on Election of New Members.*

John Redman Coxe, Jr. M. D., Philadelphia, J. P. Dake, M. D., Pittsburgh, Lewis Dodge, M. D., Cleveland, S. B. Barlow, M. D., New York, G. W. Bigler, M. D., Cincinnati, were appointed by the Chairman, the Board of Censors on Election of New Members.

5. *Committee to Audit Treasurer's Account.*

G. W. Swazey, M. D., Springfield, J. G. Loomis, M. D., Philadelphia, F. R. McManus, M. D., Baltimore, C. D.

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Williams, M. D., Cleveland, J. H. Pulte, Cleveland, were appointed the Committee to audit the Treasurer's Accounts.

6. S. R. Kirby, M. D., Treasurer, offered his report, which was referred to the Committee for examination.

7. The Committee on Blisters was called, E. Bayard, M. D., Chairman, made a verbal report, and asked to be continued another year.

8. The Committee on the Translation of the Materia Medica Pura was called but did not report,—On motion, the Members of the Committee were excused from further consideration of the subject.

9. The Committee on Cholera was called, J. Barlow, M. D., Chairman, made a verbal report, and asked to be continued another year.

10. The Central Bureau made their report, which was read and accepted, (Appendix I.)

11. The New York Homœopathic Society handed in their report, which was read and accepted, (Appendix II.)

12. The Philadelphia Homœopathic Society made application to become an auxiliary body of the Institute, which was granted, when their first report was read and accepted, (Appendix III.)

13. The Cincinnati Homœopathic Society made their report, which was read and accepted, (Appendix IV.)

14. J. Colby, M. D., Salem, Mass., presented a communication, which was read and accepted, (Appendix V.)

15. W. R. Power, M. D., Philadelphia, offered a communication, which was read and accepted, (Appendix VI.)

16. S. S. Guy, M. D., Brooklyn, offered a communication, which was read and accepted, (Appendix VII.)

17. Alexis Eustaphieve, Esq., Russian Consul residing in New York, reported to the Institute, that he had in his possession

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genuine Hydrophobin, which he was willing to dispense amongst Homœopathic physicians for proving, whereupon it was

Resolved, The thanks of the Institute be tendered to Alexis Eustaphieve, Esq., for his proposal, and that members of the Institute who feel disposed to prove the remedy, apply to him for a supply.

18. F. R. McManus, M. D., offered the following resolution, which was adopted.

Resolved, The members of the Institute who shall sign the certificate of an applicant for membership, shall state upon the certificate the name of the medical college of which such applicant shall have graduated.

19. J. H. Pulte, M. D., offered the following amendment to Article VII. of the By-Laws, which was adopted.

That the VII. Article of the By-Laws shall be amended in such a manner as to substitute for the word *appointed* the words *elected by ballot.*

Adjourned to 4 o'clock, P. M.

AFTERNOON SESSION, 4 o'clock.

20. The Board of Censors on Election of New Members, reported the following names of gentlemen, candidates for membership, who having complied with the requirements of the By-Laws were elected :—

William Caine, M. D., Ravenna, Ohio.
J. T. Talbot, M. D., Boston.
N. H. Warner, M. D., Buffalo.
John Tifft, M. D., Norwalk, Ohio.
Jehu Brainerd, M. D., Cleveland.
F. W. Skiles, M. D., Cleveland.
A. F. Bissell, M. D., Toledo, Ohio.
A. Whipple, M. D., Cincinnati.
A. Walker, M. D., Pontiac.
A. R. Burritt, M. D., Cleveland.

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A. S. Wright, M. D., Indianapolis, Ind.
H. C. Angell, M. D., Salem, Mass.
B. C. Macy, M. D., Elyria, Ohio.
Calvin Starr, M. D., Springfield, Ohio.
J. M. Parks, M. D., Cincinnati.
J. M. Johnson, M. D., Dover, Kentucky.
J. N. Wheat, M. D., Oberlin, Ohio.
J. H. Coulter, M. D., Columbus.
W. H. Hanford, M. D., Williamsburg, Long Island.
W. T. Helmuth, M. D., Philadelphia.
Ross M. Wilkinson, M. D., Bordentown, N. J.
J. B. Stretch, M. D., Salem, New Jersey.
J. P. Paine, M. D., Dedham, Massachusetts.
Moses Anderson, M. D., New York.
Jesse Garretson, M. D., Cincinnati.
F. R. Moore, M. D., Pittsburg.
A. O. Blair, M. D., Columbus, Ohio.
E. W. Coules, M. D., Cleveland.
G. W. Barnes, M. D., "
M. Y. Turrill, M. D., "
J. B. Hutchinson, M. D., Madison, Indiana.
B. F. Joslin, Jr., M. D., New York.
R. Titsworth, M. D., Plainfield, New Jersey.

21. The Committee on Small Pox, and the prophylactic virtues of vaccination offered their report; which was read and accepted, the report gave rise to an interesting discussion, which was participated in by Drs. Williamson, R. Gardiner, Gregg, Warner, Cox, McManus, Bayard, Turrill, Williams, Coulter, and others, (Appendix VIII.)

Adjourned to 8 o'clock.

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WEDNESDAY EVENING, 8 o'clock.

22. The members of the Institute met, pursuant to adjournment, in National Hall, for the purpose of hearing the Annual address.

23. The Chairman introduced Edward Bayard, M. D., of New York, to a large and intelligent audience of ladies and gentlemen, who with the members of the Institute, had assembled to hear the address, and which he proceeded to deliver in an eloquent and forcible style.

THURSDAY MORNING, 10 o'clock.

24. The Committee on Treasurer's account reported the same correct, when it was accepted, (Appendix IX.)

25. Drs. Williamson, Gregg and Dake were appointed a committee to consider the suggestions contained in the report of the Philadelphia Homœopathic Society, after deliberation they made the following report,—That the following gentlemen, members of the Institute, be appointed to write essays on the subjects named, and report to the Institute at its next meeting.

J. P. Dake, M. D., on the Value of Clinical Experience and of Clinical Reports in Homœopathic Practice.

J. G. Loomis, M. D., on Mechanical Supports, or the value of braces and stays in Homœopathic Practice.

C. D. Williams, M. D., on Small Pox and Vaccination by Kine Pox, and their relation to other forms of eruptive diseases.

A. E. Small, M. D., on the Nature, Pathology and Homœopathic Treatment of Diseases of the Respiratory Organs.

S. Gregg, M. D., on the Nature, Pathology and Homœopathic Treatment of Diseases of the Urinary Organs.

26. G. S. Swazey, M. D., offered the following resolution, which was unanimously adopted:—

Resolved, That the American Institute of Homœopathy

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appreciating the friendly relations which should always exist between all physicians who advocate the *essential* doctrine of Homœopathy, and especially between societies and all bodies organized for the progress of true medical science, does now extend the right hand of fellowship to this whole western valley —to all educated physicians who are coming to our standard of medical science in the east and west—to the pioneers of our educational progress and strength in this western region, who have proved themselves indomitable under most trying circumstances, and to the city, and also thanks to Dr. C. D. Williams and lady, for the polite and cheerful entertainment we have enjoyed at their house.

27. F. R. M'Manus, M. D., offered the following resolution, which was adopted :—

Whereas, It is a very important affair to humanity that such a system of vaccination should be pursued, as will effectually prevent the small pox; and, whereas the efficiency of the virus now in use may have degenerated from age, or from constitutional impurities in systems from which the virus may have been taken.

It is, therefore, earnestly recommended to every member of the Institute, that inquiries shall be set on foot throughout the country, in their immediate neighborhood, and particularly in the spring of the year and during the summer months, requesting the milkers of cows to report the appearance of any particular disease upon the udder or teats of the cows, to be examined in their different stages of developement, and to be used, when ascertained to be genuine cow-pox, in the way of human vaccination; and that every physician who shall succeed in thus obtaining matter, shall give to this Institute, at its next meeting, his success in its use, and every observable circumstance connected with the progress of the disease upon the cow, and subsequently upon the human subject.

28. J. G. Loomis, M. D., exhibited a new invention of ovum and bullet forceps, and explained the manner of using them, to

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the great satisfaction of the members; whereupon J. R. Coxe, M. D., offered the following resolution:—

Resolved, That the American Institute of Homœopathy has examined with satisfaction, and is fully convinced of the great importance of the invention of ovum forceps by Dr. J. G. Loomis, of Philadelphia, in the treatment of uterine hemorrhage attending cases of abortion and detachment of the ovum, and also of retained placenta; and, likewise, the invention of bullet forceps, for the extraction of bullets and other foreign bodies from deep-seated parts.

29. J. R. Coxe, Jr., M. D., F. R. McManus, M. D., Milton Hammond, M. D., were appointed a committee to inquire into the validity of Dr. Jacob Schmidt's diploma, and to examine the erasure of names ascertained to have taken place in the record book of the Institute.

30. J. H. Pulte, M. D., S. R. Kirby, M. D., W. A. Gardiner, M. D., were appointed a committee to ascertain the names and residences of all the Homœopathic Physicians in the United States, whether members of the Institute or not, such report to be presented to the next Annual Meeting.

31. J. H. Pulte, M. D., B. F. Bowers, M. D. and W. Williamson, M. D., were appointed to report to the next meeting a draft of a plan for the establishing of a central Homœopathic Pharmacy, under the control of this Institute.

32. J. H. Pulte, M. D., E. Bayard, M. D., C. Hering, M. D., were appointed to procure a stone of suitable size, if possible, from the native place of the immortal founder of Homœopathy, to be placed, with a suitable inscription, in the monument in process of erection in Washington City, to the memory of the immortal founder of this Republic, whose glorious principles of freedom have so much contributed to the rapid spread of our beloved science in this the western empire of civilization. The expense incurred by the foregoing to be collected by private subscriptions, and if such amount be not sufficient, to be paid by the treasury of this Institute.

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33. B. F. Joslin, M. D., was appointed to address the Homœopathic Physicians of the United States, on the necessity for assiduous exertions to improve Medical Science, and on the importance of concerted action in the cause of Homœopathy.

34. E. Bayard, M. D., J. H. Pulte, M. D., S. S. Guy, M. D., J. P. Dake, M. D., W. Williamson, M. D., were appointed a committee to take into consideration the propriety of presenting Constantine Hering, M. D., an appropriate testimonial of its distinguished consideration for the discoveries he has made to enrich the Homœopathic Materia Medica, and for his persevering and universal exertions in promoting the spread of the Homœopathic doctrines.

Adjourned to 3 o'clock, P. M.

AFTERNOON SESSION.—3 o'clock.

35. The election of officers being announced in order by the Chairman, the following were ballotted for and elected.

36. William A. Gardiner, M. D., Philadelphia, General Secretary.

37. S. S. Guy, M. D., Brooklyn, Provisional Secretary.

38. S. R. Kirby, M. D., New York, Treasurer.

39. On motion, *Resolved*, The next meeting of the Institute will be held in the City of Albany, New York, on the first Wednesday of June, 1854.

40. H. P. Gatchell, M. D., of Cleveland, was appointed by the Chairman to deliver the next annual address, and W. E. Payne, M. D., of Bath, his alternate.

41. Drs. F. Humphreys, C. Hering, W. Williamson, of Philadelphia, B. F. Joslin, and B. F. Bowers, of New York, were appointed the *Central Bureau, for the enlargement and improvement of the Materia Medica.*

42. W. E. Payne, M. D., offered the following resolution,

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which was discussed by Drs. Payne, Dake, Pulte, Bayard, Swazey, Kirby, Warner, and Gatchell, and laid on the table for a year.

That we regard the Homœopathic law as co-extensive with disease, and that a resort to any other means than those pointed out by the law *similia similibus*, is the result, in part, of the incompleteness of our Materia Medica; but mainly the result of a want of sufficient knowledge, on the part of the physician, of those remedies already possessed by our school, and not an insufficiency of the Homœopathic law.

43. The Secretary was authorized to publish the proceedings.

44. The thanks of the Institute were voted to E. Bayard, M. D., for his able and eloquent address, and a copy requested for publication.

45. The thanks of the Institute were voted to R. Gardiner, M. D., for his efficient services as Chairman.

46. The thanks of the Institute were voted to William A. Gardiner, M. D., for his faithful services as General Secretary.

47. The thanks of the Institute were voted to J. H. Pulte, M. D., for the use of National Hall during the Session.

48. Adjourned to meet in the City of Albany on the first Wednesday of June, 1854, at 10 o'clock, A. M.

The General Secretary received a communication from C. Neidhard, M. D., after the adjournment of the Institute, which has been incorporated with the proceedings and published in the Appendix X.

WILLIAM A. GARDINER,
General Secretary.

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OBLIGATION OF THE WORLD TO HOMŒOPATHIA.

DELIVERED BEFORE THE AMERICAN INSTITUTE OF HOMŒOPATHY,

June 9th, 1853.

BY EDWARD BAYARD, M. D., OF NEW YORK.

GENTLEMEN OF THE INSTITUTE:—

The great law, upon which rests the science of Homœopathia, was not a single thought of genius caught by inspiration. It was conceived in toil. It was vindicated and established only by years of patient labor. It was not a theory eliminated in the study. It was a law—a law of nature discovered, which could be developed but through the pains and sufferings of its investigators. The man in health must sicken for its demonstration.

Every man who adopted this great principle, found each step of his progress surrounded by contempt, ridicule and persecution. Though that day is happily passing, and those trials and embarrassments (the consequence of ignorance and intolerance) are fast fading away from the path of the practitioner, yet there are men who hear me to night, who have witnessed the bitter opposition to medical reformers, and know it all full well.

A reform under our system, must have been successful in all cases, or he was denounced as a charlatan, no matter how violent the attack, nor how incurable the disease. If the patient die, ignorance and malice eagerly put it down to a failure of his principles. The opposition is of no trivial kind. It is deeply seated in the human heart. Pride of opinion—long habits of accustomed thought, the dislike of change, and

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more than all, pecuniary interest, are among the elements which make and prolong this opposition. Under the influence of these causes, within my personal knowledge, a physician, at one time received and acknowledged as a most competent practitioner of Allopathia, admitted to possess the requisite learning and knowledge of the schools, who, being convinced of the truth of the Hahnemannian law, and from the integrity of his character, compelled to declare and practise it, was denounced by his former friends and associates of the profession, his abilities and his principles denied, and his character maligned; and while he was in the course of a successful and increasing practice, the County Medical Society, of which he was a member, cited him to appear before that body on the charge of quackery. Under an old law then existing (now, be it said to the honor of the State, repealed), he was handed over to the public prosecutor, and tried before the judges of the county. The head and front of his offending, was—not that he had failed to restore his patients to health, not, when disease was alleviated, more fearful abnormal actions from his remedies, had remained—not, that he had hurried one single fellow-being prematurely to the grave: but that he was a practitioner of Homœopathia. He was acquitted, and is now a citizen of Cleveland, filling a Professor's chair in the Homœopathic Medical College, of this city.

When the light first broke on Hahnemann's mind, when as yet he only suspected, but had not demonstrated the existence of the Homœopathic law, what an ocean of difficulty lay between him and the practical developement of its principles! Any character less patient, less earnest and less persevering, must have abandoned the pursuit. It required all the strong elements combined in the nature of this extraordinary man to have moved in this great enterprise. Standing on the vantage ground of his most profound learning, looking back on the past, he saw the defects and weakness of the art as then practised, and felt that it wanted the certainty and fixed principles of a science. He wrote to all of the most learned and distinguished of his cotemporaries—men in extensive practice—to

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inquire what knowledge they possessed of the action of drugs on the healthy man. The universal answer returned was that they had no precise knowledge, for they administered their drugs to the sick—not to those in health, and that they could not distinguish between the symptoms of the drug, if any such existed, and those of the disease for which they had administered. All the experience they possessed was from the effects of accidental poisoning. But such knowledge was to him too crude and useless; for large doses have few and strong determinations, and thereby prevent the general expression of their specific action. Then the knowledge of the past and the experience of the present was to him of little avail. There was no real knowledge—there was no light. The whole subject was enveloped in darkness. He perceived the existence of the law; but our Materia Medica was to be formed; experiments must be made; and Hahnemann, the greatest discoverer, girded himself to the task.

Great on the human race have been the effects of the discovery of a continent. The discovery of steam power may be greater. But greater still in the measure of usefulness, is it to give to the world a law which shall enure for the healing of the nations. You who have tried drugs upon yourselves, can appreciate the sufferings and discomforts to be endured, and know likewise it is a work of time, and a work if well done, to stand for all time; above the caprices of fashion and the chances of change—(for medicines have had their day)—now used and recommended almost as a panacea, then doubted and laid aside. But till the golden bowl is broken, the silver cord loosened, and the vital power fled, so long in our Materia Medica will remedies hold the same relation to disease.

For many years, with his few disciples around him, did Hahnemann test the action of drugs on the human system in its normal state. When the great truths of Homœopathia were fully established, he kept it not to himself—but gave it to the world. One would have supposed from the acknowledged standing of Hahnemann, the friend of Hufeland, that the annunciation of his discovery would have been received at

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least with attention, and especially as it was not based upon hypothetical reasonings, but was a law deduced from experiments, and that investigation would have been instituted. But Hahnemann did not escape the fate of Harvey and of Jenner. He was not crowned the great benefactor of the human race. Denunciation usurped the place of investigation. An old law, a dead letter on the statute book, which made it penal for any physician to prepare his own medicine, was revived, effectually to prevent the demonstration of the truth of his doctrine. He exiled himself from his home, to carry out his researches, for in this as in other instances, the prophet had no honor in his own country. Since that day, Homœopathia has taken deep root. There have been published in the German language more than four hundred volumes, in the French language more than one hundred and fifty, in the English more than two hundred, and in the Italian and Spanish, more than one hundred, making over eight hundred and fifty volumes, written and published on this subject. We have seen in the efforts to establish our system, expenditure of thought—toil through many years—voluntary endurance of sufferings which are paralleled only by the action of disease—sacrifices made—ridicule and detraction borne; and in view of all this we would ask, what is the obligation of the world to Homœopathia?

We are taught by it, that all medicinal substances have a specific action on the human system. Previously to these teachings, what meagre and general knowledge existed of the action of drugs! Take as an instance *Sulphur*, so generally used as a domestic remedy. How little was known of its specific effects! It was prescribed by physicians. It was given by parents, under a vague notion of its being a mild alterative, without an idea of the power of this great disturber of the vital force, which Homœopathia has shown is capable of producing two thousand symptoms on the healthy organism, acting profoundly on mind and body, producing symptoms similar to those diseases called—rheumatism, epilepsy, paralysis, dropsy, fevers, erysipelas, dyspepsia, diarrhœa and dysentery; producing muscular weaknesses, local inflammations, abscesses, affections of the

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heart and cerebral congestions:—in its action affecting the intellectual powers, inducing melancholy and sadness, disgusting us with life, and causing us even to despair of our eternal salvation.

But it may be asked by the uninitiated, how is this possible? Is not this substance used as a domestic remedy by almost every family? I answer, that every medicinal agent which makes an impression on the nervous system, must sooner or later produce its specific effect, not upon all parts—nor *all* its effects, many of those depending for their direction upon the accident that developes them. It is not a consequence that these effects should follow immediately on the exhibition of the drug. The impression may lie latent for months or years, until an exciting cause arouses it into action. Aye! like the charge of gunpowder in the solid rock, it may remain harmless for years: but when the spark shall set it free, the explosion must follow. And so the impression once made, the action will come. Witness the effect of the bite of a rabid dog. The wound may be forgotten, the scar may be erased by the years that have passed; yet madness will often follow.

As limited and vague as was the knowledge of *Sulphur*, previous to the discovery by Hahnemann, was the knowledge of all other drugs prescribed in that day. Now with these facts proven, we would ask, can drugs be prescribed with any certainty and with any safety, without the knowledge of their effects upon the healthy man? For this knowledge mankind are indebted to Homœopathia.

What more has Homœopathia done? When an Allopathic physician seeks to produce a curative effect on his diseased patient, true to his Allopathic principle, he seeks to create other sufferings—revulsive action. Where does he urge the vital force? Does his Materia Medica afford him chart or compass, or give him any reliable knowledge of the direction it will take? Is he not enveloped in darkness? A distinguished Allopathic physician (grown gray in practice) truly remarked, "it was like arming a blind giant with a club," whose blow

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might fall on the disease or fatally strike the patient. Homœopathia teaches in what direction to urge the vital current.

It is clear that without this knowledge it is impossible to discover the diseases which spring from medicinal substances: and in my belief it will be found on critical examination, that two-thirds of the maladies that torture and afflict humanity, are produced directly by, or are complicated with, the effects of medicinal substances.

In many cases that have come under my own observation, I have seen the diagnosis utterly fail from want of this knowledge. With your permission I will mention *one*. A girl was brought to me about eight years old, complaining of vertigo. The mother stated that she had been subject to croup, which had frequently threatened her life, from the violence of the attack;—that by the advice of an Allopathic physician of high standing in the City of New York, she had given her Ipecacuanha in Allopathic doses, with the happiest effect; for the disease was cured promptly under the remedy; and she had been in the habit of giving, by the same advice, the same medicine when the first symptoms of croup appeared. It always, with equal promptness, checked the disease; and of late the attacks of croup had grown less frequent; and the mother eulogised the remedy, but the child complained of dizziness. When walking she would have vertigo to such a degree as to cause her to stagger. The mother stated that her physician said it was an affection of the stomach, and administered remedies for that organ supposed to be at fault; but still the vertigo remained. He then thought it was the liver. When the diagnosis leaves doubt and perplexity, the last resort is usually the liver. He proposed a few blue pills as an alterative. This startled the mother; and she then consulted me. Now, gentlemen, taking up our Materia Medica, I found the pathogenetic action of Ipecacuanha was, in the language of the provers, thus written: "Vertigo when walking, with tottering and staggering." This was one of its direct actions on the brain. I gave the antidotes to Ipecacuanha, and the child was relieved. We see in this case, that first the vital current was determined to the

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throat of this child, producing the phenomenon we call croup. We see that Ipecacuanha, used in large doses, produced another disease by changing that current, and thus relieved the croup. Had that learned physician known Hahnemann's Materia Medica, his diagnosis would have been correct. He would have known that in relieving the croup by such an agent, he might produce a determination to the brain. But when the prescription had removed the symptoms of croup, for which it had been given, he looked no further; for the reason, that his Materia Medica gave no knowledge of the specific action of the drug used. But again, suppose some action had happened to increase that tendency; suppose the child should have had a fall or blow on the head, what remedy could have checked the strongly accelerated action which would have pressed upon that important structure? Death—inevitable death must have followed. This ignorance is frightful in its consequences, and is the cause of exceeding mischief to mankind. By such means disease is altered, produced, assuming new forms and phases like the ever shifting figures of the Kaleidoscope. And, as with the Kaleidoscope, the figures will change with every turn of the instrument, in infinite variations until it is broken; so disease may be driven from organ to organ, and with every alteration assuming new phases, until the more delicate and complicated instrument of human organization is destroyed.

For the removal of this false security, this fatal ignorance, the world is under obligations to Homœopathia.

What more has Homœopathia done? It has shown how sensitive a thing is a diseased nerve. After Hahnemann had discovered the specific action of drugs, and sought to apply them under the Homœopathic law of cure, he was still ignorant how sensitive to impressions the human system became in a morbid state; and when he gave the ordinary large doses under this new law of cure, this sensitiveness had nearly caused him to abandon the application of the law—so great was the action excited.

He reduced and reduced the dose, and yet its effects were too powerful. But with that wonderful acumen and clearness

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of perception, in tracing out Nature's law, which he so eminently possessed, he continued his reductions, until he had reached that point where Nature could react; and then he learned the sensitiveness of a diseased nerve,—almost beyond human appreciation. Hence, by induction arose the administration of the so-called infinitesimal doses,—a stumbling block in the way of those who have made no experimental investigations. The jeering wit of the facetious Allopathists expended on this point, demonstrates sorrowfully their utter want of knowledge on this important matter. It is an attempt contrary to all philosophy to rebut *facts* by ridicule.

Who can estimate the number of lives sacrificed by ignorance of this fact—the power of similar irritants upon disease? I remember before I fairly entered upon practice as a physician, a case painfully bearing witness to this truth. A young man, a fellow-student of medicine, of the fairest promise, was attacked with an ordinary disease of mumps. He was of robust constitution, and full of youthful vigor, so that those who knew him might have fairly counted that he would have enjoyed more than a usual amount of health through a long life. Without any great severity, the disease was developed with slight fever. Meeting me in the class, he asked me to give him some Homœopathic remedy to relieve him; for he had been somewhat familiar with Homœopathia, and intended eventually to practise it. Not practising then myself, I recommended him to a Homœopathic physician. But the fear of ridicule, and the risk of not obtaining his diploma, if his predilections were known, and the simple character of the disease, determined him to consult one of the professors. I had examined his case with attention, and marked how closely it resembled the action of mercury; so much so, that I said to him, "Whatever may be prescribed Allopathically, do not take mercury." I was convinced that if a drug thus indicated could be taken in large doses with impunity, there could be no truth in the law. The next day, I called to see him, and was shocked at his altered countenance; every symptom that he had, had become more intense, and others were added. The parotid gland was more

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swollen and hard, pulse quick and wiry, sweat with nausea, tongue coated with tenacious mucus, breath tainted, rapid speech, trembling limbs, and mind at times slightly wandering. He arose restlessly in his bed, saying, "Do not blame me; for I have taken but one dose of *Calomel.*" When I left him, I immediately wrote to his friends that if they wished to see him in life, they must come quickly; for it was now evident that Nature could never react. The third day he died; borne down to the earth, not by the disease (for I believe if left to Nature alone he would have recovered), nor by the action of mercury alone, but by the action of mercury on the diseased nerve, urging it beyond the power of reaction. Thus the remedy which, if given in sufficiently minute doses, would have restored the patient to health, became his destroyer. Like thousands of other cases less marked, he fell a victim for want of the light that Homœopathia sheds on the power of drugs having actions similar to the disease for which they are administered.

Ipecacuanha will produce symptoms similar to a species of asthma, as you, gentlemen, well know. Dr. Thomas Watson, in his lectures on the Principles and Practice of Physic, delivered at King's College, London, a text-book in most of the Allopathic colleges, cites the case of a man who was subject to asthma, who could not bear even the odor of ipecacuanha, and was obliged to fly when the bottle was uncorked. He speaks of it as an idiosyncracy, not recognising it as a fact under a general law. For the light on this subject, the world is indebted alone to Homœopathia.

What more has Homœopathia done? She has given to the world the great law of cure. Disease, in its last analysis, is but the disturbance of the vital force; death is the cessation. There are but two modes of cure, that is, two modes by which the vital force can be restored to its equilibrium—which is health. One is by revulsion, or the removal of disease by diverting its action; this is called Allopathia. The other cures disease by reaction, or exciting the reacting power of nature by a similar irritant; this is called Homœopathia. The former endeavors to restore the equilibrium by creating a new channel

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for the disturbed vital force, by the use of drugs in such doses, that partly by their mechanical irritation, and partly by their revulsive effect, the normal condition of other parts is disturbed. To produce such effects, practitioners under the former system are driven by necessity to the use of large doses. They create the new disease, or irritation, under the presumption that after producing the revulsion, these effects will cease; overlooking the fact, that though mechanical irritation may cease, the drug, used in such quantities as to produce revulsive action, must have its specific action.

There is always a tendency in nature to restore the equalization of the vital force, if her power is not overcome by the intensity of some morbific principle. Perhaps in some acute affections from short-lived obstruction, Allopothia may hasten that equalization.

But there is a danger in the use of this mode that should prevent a thoughtful and enlightened mind from ever adopting it. That danger, with masterly power, as if by inspiration, was pointed out by Hahnemann. I allude to his theory of chronic disease. In the range of my observation, the general truth of all that has been said on that point has been fully sustained. It is the master key which unlocks and brings to light the concealed causes of profound disease that were a mystery and bewilderment to the practitioner from the failure to perfect at once a cure which required time. Whether the causes assigned by our master are sufficient to produce the predisposition to disease, is immaterial to my argument.

We know, and any one who has seen much of diseased action must have observed, that all causes which disturb the vital power, fall upon men unequally—on some with severe consequences, producing a train of evils that they do not get rid of in years, or perhaps in a lifetime.

Two persons are thrown to the ground with equal force, and both sprain the knee-joint equally. The one applies a domestic remedy,—brandy and salt. In a few days the equalization of the vital force has taken place, and the swelling and weakness disappears, and he has the free use of his limbs. He calls

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upon his friend, and finds him still suffering, without improvement. He is surprised, and inquires, "What have you done?" —"I sent for my physician."—"Has he used brandy and salt?" The sufferer shakes his head, and looks at his knee. "Your physician is a fool. Use my remedy, it has cured me." The physician is dismissed, and the brandy and salt applied for days, but no improvement. If anything, the structure has become harder and more swollen. The brandy and salt have failed. The advocate of its virtues, with the philosophy of self-sufficiency, consoles himself with the observation that the remedy was applied too late. Now the knee has assumed the character of a white swelling. Why did not the physician cure? Why did the brandy and salt relieve the one, and fail with the other? The rationale is found in the fact, that in the one man there was a predisposition to disease slumbering in the system, having no locality, waiting but an accident to produce the disturbance in the vital force to give it a determination. The other having no such predisposition, found relief from the simplest remedy.

It was this difference in human constitutions, that turned the astute mind of Hahnemann to the investigation of the cause. He discovered and announced to the world, the existence of three miasms or poisons, the basis of all chronic diseases, which might exist latent in the system, derived from inheritance, or by infection. These miasms have no limit to their duration; against them the unassisted vital force can never react; nor has revulsion even the power to restore the equilibrium. Revulsion may give the vital force new channels, but can never cure. It only changes the form of disease, and renders the system by that change more feeble, and less able to react. Few of our fellow-beings are free from chronic malady in some form.

With great propriety, does Hahnemann remark, "The more I examine the ordinary cures, the more I am convinced that they are not direct transformations of the disease treated, into health, but revolutionizings, disturbances of the order of things by medicines, which, without being actually appropriate, pos-

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sessed power enough to give matters another (morbid) shape. These are what are called cures." "The hysterical ailments of yonder lady, were successfully removed by me." "No: they were only changed into a metrorrhagia." "After some time, I am greeted by a shout of triumph, 'Excuse me! I have also succeeded in putting a stop to the uterine hemorrhage." "But do you not see, on the other hand, the skin has become sallow, the white of the eye has acquired a yellow hue, the motions have become grayish-white, and the urine orange-colored. And thus the so-called cures go on like the shifting scenes of one and the same tragedy."

Again, there exists another strong objection to the Allopathic treatment. There is a principle of self-preservation impressed by the Deity on vitality, determining all irregular movements of the vital power outward, and to the surface, thereby protecting the nobler organs essential to human existence. Its tendency is to place the disease upon that point where, under the circumstances, it would be least injurious to the organism. This is nature's law. Hence the inevitable result of revulsion does not assist nature in expending the force of disease where it can be best borne, but weakens her efforts, and thereby forces her back upon the internal structures which it has been her great struggle to avoid. Allopathia, then, is not only unreliable, but a dangerous mode of cure.

Let us now examine the Homœopathic system, and its results. Gentlemen, we have said, that the ultimate analysis of disease is the disturbance of the vital force. How then does Homœopathia seek to restore the equilibrium, which is health? By administering a remedy which produces in the healthy person, symptoms like to the disease. On what principle can this effect a cure? We have said there was a tendency in the vital force to equalization, which always exists unless prevented by violence or the impression of a poison. It is a fixed principle of the vital force to resist and react against all that has a tendency to disturb it; and the power of resistance to disturbing impressions, increases with every successful effort. This is a principle of every day observation.

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A man plunges into cold water, which disturbs the vital force; it recedes from the surface. If the impression is not too violent, it reacts. If the plunge is repeated, the impression made is not as great, the resistance being greater. With every plunge, the impression lessens, and resistance increases, until no disturbance is produced. It is on this principle of increased resistance that the virus of the small-pox makes little impression after vaccination, and scarlet-fever, measles, and whooping cough, cease to be contagious to those who have recovered from their infection. It is on this principle that men may breathe with comparative safety, the deadly malaria of the African coast. The increased power of resistance is the principle of acclimation. The air we breathe, filled as it is with disturbing agents, by the principle of resistance and re-action, gives vigor and tone to the system, and the enervated denizens of the city, who seek on the sea-coast the salt breezes from the ocean, to renovate their exhausted frames, find strength from this principle alone; for we know that the pathogenetic effect of sea salt, is to produce great weakness and relaxation of the physical and moral powers. This principle of increased strength from reaction—increased power of resistance, is the law of growth physically and morally, from the unfiedged bird, which by repeated efforts gathers power to rise, to the child whose mind expands under the use of its powers of observation and reflection.

It is to this principle that Homœopathia owes the power and permanency of her cures. We administer to the disturbed vitality, checked and delayed in its power to react, by some abnormal influence, a similar irritant, just sufficient to excite and rouse resistance. This principle, so beautiful in its simplicity, so true in its keeping with the known laws of nature, so perfect in its cure, exhibits a strong contrast in the results of the relief given by Allopathia and the cures effected by Homœopathia. In the former, the patient rises from disease enfeebled by the movement which revulsion has created, and which the weakened powers have yet to struggle against, perhaps for years; chronic maladies being developed by the

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debility and the remedies exhibited. In the latter, the patient rises from disease, the vital force equalized and strengthened by the reaction, and the power of resistance increased.

Certainty in prescription is not the least benefit conferred on mankind by Homœopathia. She relies not upon hypothesis for the seat of disease, but untrammelled by the errors incident to suppositions, looks to the symptoms alone (the true indices of disease), and in their totality sees the image which, with unerring certainty, indicates to the practitioner the remedy demanded. Not so with Allopathia. She leaves her practitioner on the wide field of conjecture, and ingenious hypothesis alone directs her remedies.

It is a grave and serious matter to hazard human life on conjecture. I remember the case of two men who were engaged in the active business of life, and were seized at the same time with symptoms similar in their character. One was placed under Allopathic, and the other under Homœopathic treatment. The practitioners of both systems believed they had encountered an incipient bilious fever. The Allopathist adopting his hypothesis, proceeded by cathartics, to evacuate the bowels, so as to relieve the obstruction of the liver, and used the lancet to reduce the fever. The Homœopathic physician, not governed by hypothesis, turned according to the genius of his system to the symptoms, the signals that distressed nature held out, and grouping them into a picture, sought the corresponding remedy. In a short time, the ultimate character of the disturbance was manifest. In their conjectures regarding the nature of the disease, they had been mistaken. It was small-pox. The Allopathist saw his mistake; but it was too late. Nature, robbed of her powers and enfeebled by depletion, could not then maintain the disease upon the surface; and the patient died, a victim to the error of human judgment.

The Homœopathist also perceived the error of his diagnosis; but this error did not affect the patient, for the symptoms, and not hypothesis, had controlled the remedies administered, and there could be no mistake in his treatment. Had his first conjecture as to the nature of the disease been realized, he

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could not have prescribed otherwise; and nature, unembarrassed and strengthened, struggled successfully through a confluent small-pox.

From this great law of cure,—"Similia similibus curantur," is derived the certainty of prescription.

I pause here a moment, gentlemen, with your permission, to correct a mistaken and prevalent impression, which my last remarks might seem to favor. There are some simple souls, who think that it is an easy thing to practise Homœopathy. That a box and book alone are necessary. This is a capital error. It is not an easy thing to draw from the patient an accurate account of his sufferings. That requires knowledge of character and patient examination; for some will magnify, while others will suppress; some will be exact, and some loose in their expressions. To direct your questions so as to elicit the precise truth, requires both tact and judgment. It requires also, both judgment and experience, to group properly the symptoms, to know what morbific cause is at work, whether one poison or many, and how complicated. For this, knowledge and research are essential. It is not an easy thing to estimate the power of the system to react, whether it will be prompt or sluggish; yet this must be understood and determined, before we can repeat the dose. It is not without difficulty we can determine whether chronic malady or predisposition is aroused by an exciting cause, and become part of it. Study and reflection are necessary in the selection of the similimum. The structure must be known—its physiology and pathology—its relative value. In fine, all that is required of the Allopathist must be known, except his "receipt book," and more, much more. True, our agents can be seen and may be understood, but let not the uninitiated think that with little learning they can be skilfully used.

Is it not strange, that in this world of ours, where the treasures of knowledge are obtained only on the condition of experiment and reflection, that learned medical men, acknowledging the weakness of their system, should meet the announcement of a discovery of a law of cure so all-important to the human

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race, with denial and ridicule, based on arguments drawn from their own theories, without experience, without taking one step in investigating the new field discovered? The absurdity of such a course, is aptly illustrated by a conversation related by Capt. Marcy, between a Delaware and a Camanche, in his late expedition through the Indian country. It appeared that the former had stated to the latter, the fact of the sphericity of the earth's surface. This idea, being altogether new and incomprehensible to the Camanche, was received with much incredulity. After gazing for a moment at the Delaware, to ascertain if he was sincere, he asked if that person took him for a child, or if he looked like an idiot. The Delaware said, No! but the white people, who knew all about these things, had ascertained such to be the fact. He added, that the world was not only round, but that it revolved round the sun. The Camanche very indignantly replied, that any man of sense could, by looking off on the prairies, see at a glance that the earth was level; and, moreover, that his grandfather had been west to the end of it, where the sun passed down behind a vertical wall.

The Delaware continued in his simple but impressive manner, to describe to the Camanche the operations of the steam-engine, and other objects of interest he had seen. All of this the Camanche regarded as an effort of a fertile imagination, expressly designed to deceive him; and the only reply he deigned to make was an occasional exclamation in his own language, the interpretation of which the other pronounced to be, "Hush you fool!" "I then endeavored," says Capt. Marcy, "to explain to the Delaware the operation of the magnetic telegraph; and in illustrating its practical utility, told him that a message could be transmitted to a thousand miles and an answer returned in ten minutes. He seemed much interested in this, and listened attentively to my remarks, but made no comments, until I requested him to explain it to the Camanche. He smilingly said, "I don't think I will tell him that, Captain, for the truth is, I don't believe it myself." What excited the contempt in the mind of the savage? The difficulty was,

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he drew his inference from his own limited knowledge and his own traditions, rejecting the new facts upon their mere announcement.

But a truly scientific mind is by its very acquisitions rendered teachable, as in the case of my learned friend, Dr. Benjamin F. Joslin. Before his attention was attracted to the discovery made by Hahnemann, an Allopathic physician of standing, having written a tirade against Homœopathia, sent it to the most learned and distinguished of the medical men of this country, requesting their opinion on the subject; and among others, to Dr. Joslin, who deferred answering, on the ground that he could not give an opinion until he had investigated the new system experimentally. To prepare himself to express an opinion worthy a man of science, he commenced a series of experiments upon himself, to test the truth of the specific action of drugs, and then proceeded to test the law of cure. The result was the conviction of the truth of Homœopathia. So, gentlemen, must it always be, when this great subject is fairly examined.

We have seen that the world is indebted to Homœopathia for the discovery of the pathogenetic and specific action of drugs; for the knowledge of the sensitiveness of a diseased human nerve to similar irritants; for certainty in prescribing a dose that is a medicine, and not a poison; and for the great law of cure.

Immortal honor to the man who was the discoverer. Yet upon that great head has been showered vituperation and abuse; his investigations ridiculed, and their results denied without examination; he himself characterized as a charlatan. All that blind prejudice, selfish interest, and sordid avarice could do, was done. But it is manifest, from the rapid and wide-spread advance of his principles, that the justice which his cotemporaries denied will be fully awarded by posterity.

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APPENDIX I.

Report of the Central Bureau of Materia Medica.

To the American Institute of Homœopathy:

It will be remembered, at the last annual meeting of the American Institute of Homœopathy, the Central Bureau, in its report, alluded to the importance of that part of the duty committed to its charge, expressed under the head of "Arrangement of the Materia Medica," and in that report mentioned that various plans had been suggested and discussed, but none of them appeared to be perfectly satisfactory, and that consequently no one had been sufficiently digested to offer to the acceptance of the Institute. During the past year but little effort has been made by the members of the Bureau in this direction, for the furtherance of the object of their appointment.

It will also be remembered, that in its last report, the Bureau suggested to the Institute the plan of circulating a Portfolio* among the members of Bureaus of the various local branches, and exhibited a specimen, with the results of the labors of the members of the Central Bureau in this particular direction, for the "augmentation of the Materia Medica." The suggestion seemed to meet with a favorable reception by the Institute, but up to the present time the Bureau has received no information from any of the local bureaus, on the subjeet of the portfolio.

A communication has been received from the "Materia Medica Bureau of the Homœopathic Society of New York," accompanied with copies of the provings of the Rumex Crispus, and clinical verifications of the symptoms. Both of which are herewith handed over to the American Institute of Homœopathy.

The Bureau has also received a highly valuable communication from Morgan J. Rhees, M. D., of Stockton, California, containing provings of the Rhus Laurina, and some important observations on the treatment of poisons by the Rhus, and on kindred subjects. The document is herewith handed over to the Institute.

The Central Bureau now has in its possession, materials enough to make a volume of respectable dimensions, duodecimo.

The above is respectfully submitted, by

C. Hering, M. D.,
J. Jeanes, M. D.,
C. Neidhard, M. D.,
J. Kitchen, M. D.,
W. Williamson, M. D.,
Central Bureau.

Philadelphia, June 1st, 1853.

* The Portfolio consists of pasteboard backs, large enough to enfold blank sheets of paper, on which the contributors write their additions of repeatedly confirmed symptoms, and new symptoms of old remedies, provings of new remedies, clinical experience, general observations, &c.

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APPENDIX II.

Report of the New York Homœopathic Society.

To the American Institute of Homœopathy:

The Homœopathic Society of New York and Branch of the American Institute of Homœopathy, would respectfully report,

That during the past year the progress of Homœopathia in the city and state of New York has been onward.

Some measures have been taken by the Homœopathic Society of the state, for the establishment of a Homœopathic Medical College, to be located in this city. A plan has also been adopted by the Dispensary Association of this city, for establishing here a Homœopathic Hospital.

In this Society some provings of the Rumex Crispus have been made, and communicated to the Central Bureau.

A report was presented by the Secretary, at the request of the Society, on the medical treatment at the Protestant Half-Orphan Asylum, under his care in this city, which is herewith forwarded with the report made to the Asylum.

B. F. Bowers, M. D.

New York, May 31*st*, 1853. *Secretary.*

Report to the Homœopathic Society of New York on the Homœopathic Treatment at the New York Protestant Half-Orphan Asylum for ten years, by B. F. Bowers, M. D., *Physician to the Asylum.*

To the Homœopathic Society of N. Y.

In compliance with a resolution of this Society, the following report on the homœopathic treatment at the Protestant Half-Orphan Asylum in the city of New York, for the last ten years and more, is respectfully submitted. The accompanying report, presented to the asylum at the anniversary meeting last winter, gave a brief account of the introduction of Homœopathia into that Institution, but the particulars of practice were purposely omitted, as inappropriate to that occasion.

The introduction of homœpathic practice into a large public institution is a matter of public importance; and accordingly the announcement of the fact, with a statement of the results of the practice, has attracted attention, and very naturally led to the expression of a wish for more full information respecting the treatment. I regret that the arduous duties of daily practice have not allowed time for so full a record of cases and treatment as is desirable, and that therefore the attempt to comply with your request can only be partially successful.

In 1842, the children had suffered for years with an inveterate ophthalmia and cutaneous diseases. The Managers, despairing of relief, and having no faith in Homœpathia themselves, yet consented to try it in a few cases as an experiment, to satisfy a zealous friend of that practice. There was no intention, on the part of the Managers, of introducing the practice into the Asylum—no idea that it would be possible to do so, but a firm belief that, on trial, it would fail even more signally than the means previously used.

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A majority of the Managers are still opposed to Homœpathia, and do not use it in their own families. There has been so much opposition as to prevent any official acknowledgement of the fact that Homœpathy has been practised in the Asylum up to the time of the last anniversary, when it was voted to publish the medical report then read with the annual report of the Society. This was subsequently opposed, and not carried into effect. On previous occasions, the medical reports, which invariably stated the fact that the practice was exclusively homœopathic, had been alluded to at the public meetings, but passed over without reading. Homœopathia was here put on trial in the face of its enemies, and so far from meeting with any favor, or palliation of its defects, had it not done more and better than anything else had been found to do, it would long since have been abandoned.

The introduction and success of the homœopathic practice in this Asylum is an important item in the history of the introduction and progress of Homœopathia in these United States, the country soon to become the great field of its triumphs. The opposition has been ever vigilant, and hitherto successful in keeping out of their records all acknowledgement of the fact that they have had homœopathic practice in the Asylum. A solemn sense of duty, therefore, has constrained me, having a known official relation to the subject, to make a public statement of the facts, and to make it while the witnesses are here present who can vouch for its truth.

Those who know that there is an immense improvement in the practice of medicine, as well as in other departments of art and science, also desire that all should enjoy its benefits. They therefore desire to bring the improved practice to the test of experiment, and seek publicity for the results. It is important that the opportunities afforded by public institutions for observation and experience on a large scale, should be made available for the settlement of those important practical questions which can only be satisfactorily determined by careful induction from a great number of facts.

The medical management of such an institution, containing so many children for so many years, is a work of some magnitude. Surely the condition of the children in 1842, when they first came under homœopathic treatment, and at various other times, was such as to call for prompt and efficient aid. Whenever a work is to be done means adequate for its accomplishment are required. Whenever a work has been done, the very accomplishment of the work furnishes the strongest evidence that adequate means have been employed. As the children taken in charge when in a very bad state were rapidly brought into an uncommonly good condition, their diseases being so successfully treated, that, notwithstanding an unusual prevalence of such dangerous diseases as Typhus Fever, Scarlet Fever, Dysentery, Cholera, Measles, and Small Pox, the rate of mortality for the last ten years is lower in this than in any other asylum in the city, the general results being highly gratifying, the enemies of homœopathy themselves being judges, it would seem to follow as a logical conclusion, that the treatment has been eminently efficient. With those, however, who consider preconceived opinions and *a priori* reasoning as the sure guides in settling practical questions, facts must bend to theories; and there is no reliable experience but such as agree with their prejudices.

It may be seen that Dr. C. Wright and myself, in succession, have had the entire charge of the medical treatment of the Asylum for the whole time indicated (more than ten years), and can vouch for the fact that it has been exclusively homœopathic. There has been no mixed practice. What Homœopathia could do, imperfectly administered by us, has been done. What Homœopathia in our hands failed to do, has been left undone. The one great law of cure, *similia similibus curantur*, was our hope and guide. Thank God, the results have justified our course!

The success of homœopathic treatment is owing to the same cause which so generally insures success in other matters, viz., the selection of the right agent for the accomplishment of the right purpose.

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When Nelson at a critical moment, passed the word, "England expects every man to do his duty," it would have mattered little that every man was determined, with a stout heart, to "do or die" for his country, if the ignorance and unskilfulness of the commander had put every man into a wrong position, and required from each the service which belonged to another. The skilful commander rightly estimates and makes the best use of the force at his disposal.

The homœopathist knows his remedies, and knows how to select each one for the particular peculiar effect which it can produce. He expects every remedy to do its duty, and he can rely upon his remedy, because he requires of it only what has been found by experience to be its natural appropriate effect. Having a sure guide to the selection of the right agent, he is confident that the right effect will follow its administration, for the effect desired is that which results from the action of the right agent.

It must be admitted that what Allopathia failed to do has been accomplished since the Asylum came under homœopathic treatment, and that the results for ten years are better than have been obtained in any asylum under allopathic treatment. It is claimed that these favorable results are the direct consequence and conclusive evidence of the great efficiency of the homœopathic treatment; that while Allopathia does some good, Homœopathia does much more good. On the other hand, it is contended that Homœopathia is utterly inefficient, a mere nullity. Yet Homœopathia is found by experience to be better than Allopathia. It necessarily follows, therefore, that Allopathy is worse than nothing; and as the results of homœopathic treatment are much better than those of allopathic, it also follows that Allopathia is much worse than nothing. Either Homœopathia is very good, or Allopathia is very bad; —if perchance both branches of the proposition be true, it affords a ready explanation of the relative results of the two modes of practice.

GENERAL REMARKS.

Arnica in tincture, diluted with water, is used as a local application in cases of mechanical injury.

Camphor in tincture also is sometimes given internally.

Generally, all the remedies are given in the form of globules dissolved in water. The attenuations used range from the 3d to the 2000th. For the last five years, there has seldom been anything used below the 30th.

When medicine is given to all the children in the Asylum, a few globules are dissolved in a sufficient quantity of water to give them all a spoonful, care being taken to mix it thoroughly. Dry wheat flour is applied to burns. Except for injuries, no external medicinal applications have been used. "There has been no change in ventilation or regimen from former years, except the prohibition of pepper with food, and latterly the disuse of molasses with bread."

Medical Report of B. F. Bowers, M. D., *to the Protestant Half-Orphan Asylum. Submitted and read at the Anniversary Meeting of the Society at the Asylum, Sixth Avenue, between Tenth and Eleventh Sts., on the 21st December,* 1852, *and on vote ordered to be printed.*

In all public charities occasioning large numbers of individuals to be congregated together, their sanatory regulation becomes matter of the highest importance. Accordingly the medical treatment of the children committed to their care has awakened the deepest solicitude and demanded the most careful attention of the managers of this Institution. I cheerfully comply with their request to furnish a statement of facts in relation to this subject believing that the principles illustrated and the facts confirmed by experience in this Institution are of great and enduring public importance.

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On a review of the past reports of the Society it will be found that the Institution was established in 1835, and has now reached its 17th Anniversary. During the first year Dr. Freeman was the medical attendant. The children were remarkably healthy, and only one death occurred. From 1836 to the summer of 1842 the medical management was entrusted to a distinguished physician, the late Dr. James A. Washington, to whom the managers repeatedly acknowledged their great obligations for his kind and continued professional services. Dr. Washington was also assisted by the counsel of eminent medical gentlemen.

The first report, for 1836, observes "that the inmates of this establishment have at all times been remarkably healthy, which is undoubtedly to be attributed to the system of diet, regularity and cleanliness observed in this Institution."

In the fall of 1837 "fifteen of the children were attacked by Small Pox, of whom, however, only two died. At the same time the Scarlet Fever appeared among the children, and two of them also fell victims to it."

In 1838 "few of the children suffered from illness, and those only in a slight degree." But in this year appeared that inveterate Ophthalmia, which, with the cutaneous eruptions, proved so great a scourge in the Asylum.

In 1839 there seems to have been little sickness, but the Ophthalmia still prevailed.

In 1840, finding the Ophthalmia still unmanageable, and knowing the importance of separation and change of air, the Board sent 47 ophthalmic patients to Morristown, N. J., for the summer, in the hope and expectation that pure country air, with good plain country fare and opportunities for exercise, would do much towards restoring them to health. "Their health materially improved," but the Ophthalmia still continued.

In 1841, matters getting no better, but rather worse, a part of the family were sent to Long Island to try the effect of that locality, but without essential benefit. The Report for this year says: "The children are not at present in so good training, either as to their studies or discipline, as on preceding anniversaries, owing to an unusual degree of sickness during the summer and autumn," among other causes.

The spring of 1842 was marked by the appointment of a new matron, and great improvement in the condition of the children was expected from her excellent management. Everything was put in perfect order, and still the Ophthalmia and cutaneous diseases prevailed and spread, attacking every new comer, and frequently appearing with renewed violence in such as were temporarily relieved. The children became sad and dull. There was no sound of mirth and joy. The smiling face, the bounding step, the joyous spirit of childhood had given place to dull, moping stillness. An effectual barrier was interposed to the proper training of the children. Their first need was not to be trained, but to be cured, and to be cured was an essential prerequisite to their proper training. The family had been for more than a year commodiously established in their new spacious building on Sixth Avenue, the house on Tenth street being used as a hospital. Great pains were taken to secure thorough ventilation of the school and lodging rooms. Dr. E. Delafield was called in, as an experienced oculist and skilful physician, to advise in the treatment and sanatary regulations; and no effort was spared to carry out the recommendations of the physicians. The utmost attention was paid to cleanliness. Two nurses were employed, and one woman was constantly occupied in washing the sore eyes, having a separate cloth for each child. Everything seemed ineffectual, and the idea of collecting children together to be infected with such diseases, and to incur the risk of becoming permanently blind, was so painful to the benevolent minds of the managers, that there was serious talk of disbanding and breaking up the establishment. It is difficult to give an adequate idea of the condition of the poor children afflicted with Ophthalmia. They sat holding their heads down and shading

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their eyes, or lying on their faces, unwilling to hold up their heads, and some of them had not been able to open their eyes for a year. There was also inveterate cutaneous eruptions, which, as well as the Ophthalmia, were endemic and contagious. And thus in despondency and gloom closed the first era in the medical history of this Asylum.

Dr. Clark Wright succeeded Dr. Washington as physician to the Asylum, which situation he occupied for more than five years, until December 1847, when he resigned, and was succeeded by the present incumbent. The annexed table will show the diseases treated. Among those treated by Dr. Wright were, Ophthalmia, 255 cases; Eruptions, 232 cases; Whooping Cough, 65 cases; Diarrhœa, 52 cases; Dysentery, 22 cases; Croup, 18 cases; Scarlet Fever, 11 cases.

During the last five years, while I have attended the Asylum, there has been a great increase of the more dangerous, principally epidemic and contagious diseases. In the winter of 1847–8, Typhus Fever, prevailing in the city as an epidemic under the name of Ship Fever, was introduced into the Asylum, and during the winter and spring there were 45 cases. Through January and February, 1849, the Hooping Cough prevailed, and in January the Typhus Fever again made its appearance—through the year there were 51 cases. The Cholera, prevailing in the city, invaded the Asylum, and also a severe form of Diarrhœa and Dysentery. There were of Cholerine and Diarrhœa, 56, of Cholera 42 cases, of Dysentery 52 cases.

In 1850 there were of Measles 22 cases, Fever 25 cases, Diarrhœa 19 cases, Dysentery 7 cases.

In 1851 there were of Scarlet Fever 33 cases, of Diarrhœa 40 cases, Dysentery 36 cases.

During the present year there have been of Scarlet Fever 26 cases, of Varioloid 27 cases, of Small Pox in a severe form, five of the cases being confluent, 19 cases, of Diarrhœa 20 cases, of Dysentery 19 cases, of Croup 4 cases, of Influenza 45 cases. When the Small Pox was prevailing, with the assistance of Dr. B. F. Joslin, Jr., and Dr. George Doyle, 160 of the inmates were vaccinated.

For more than ten years there has been a radical change in the medical treatment here pursued. In this period there has been no bloodletting in any form, venesection, leeching nor cupping; no emetic, nor cathartic, nor blister, not a grain of calomel nor opium, not a drop of laudanum nor paregoric has been used, and not more than a half a pint of castor oil. The eight gallon jug that used to be filled with castor oil is now used for lamp oil, and the old medicine case is converted into a wardrobe. The change of practice has been entire.

How was it brought to pass and what have been its practical results?

The change was providential. At the urgent solicitation of the Matron, Dr. Wright was requested by the managers, in June, 1842, to prescribe for four of the worst cases of Ophthalmia, and in July, after the cure of these four patients, he was requested to treat all the cases of Ophthalmia in the Asylum. His arrangements prevented his commencing the treatment until the 11th of August.

Dr. Wright then invited Dr. Parker, Professor of Surgery in the College of Physicians and Surgeons, to examine 53 cases, which he did, in company with Dr. Gilman, Professor in the same College. Six weeks thereafter, Dr. Parker, finding these same children cured, frankly declared that the success of the treatment was unprecedented.

In the Annual Report presented in December following, "the Board are happy to state that the Ophthalmia, which has heretofore so troubled and distressed the children, has almost wholly disappeared. It has been found one of the most serious interruptions in the education of the children."

Next to the Ophthalmia the Cutaneous Eruptions had been found the most annoying and unmanageable. In consequence of his success in curing the

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Ophthalmia, Dr. Wright was requested to treat the children having eruptions, and being successful with these cases also, and declining to take charge of the ophthalmic and cutaneous cases unless the children to be cured were submitted to his treatment exclusively, he was at the close of 1842 requested to take the sole charge of the medical treatment of the whole establishment. The report for 1843 says: "The troublesome cutaneous diseases which have usually prevailed in the Asylum, and the still more distressing Ophthalmia, have entirely disappeared."

Thus the introduction of the new practice was signalized by the rapid cure of these inveterate diseases, which had heretofore proved incurable. These diseases, however, were not easily eradicated from the Asylum. Almost every child within a few weeks after admission was affected either with Eruptions or Ophthalmia, or both; and as there were frequent admissions, there was a succession of cases, and these diseases reappeared from time to time for years. There have been 184 cases of Ophthalmia, and 236 cases of Cutaneous Diseases cured since my appointment.

It was only by adopting the plan of giving the remedies to all the children in the Asylum, and especially to every child on admission, that they have been overcome.

In the first period of seven years, two nurses were employed, and there was paid for extra nursing $59. For removal to the country $36 25. Paid for medicine $239 64—$334 89.

In the last period of ten years, only one nurse, who has faithfully endeavored to supply to the sick the want of a mother's kindness and care, has been employed, and nothing has been paid for extra nursing. For box of medicine $32 25, Castor Oil 50 cents, and a trifle for Camphor and Arnica—making up, perhaps, $35.

In the first seven years, under the old practice, there were of Small Pox 15 cases and two deaths; also two deaths from Scarlet Fever the same season, which appears to be the only time when there were any cases of the dangerous contagious diseases.

The average annual number of children in the Asylum was 106. *The total number under care was* 1063. *There were* 22 *deaths, or* 1 *in* 58 *of the whole number under care, and* 1 *in* 33 *of the average annual number.*

During the last ten years there have been of

Typhus Fever,	98	cases,	4	deaths.
Cholerine and Diarrhœa,	207	"		
Asiatic Cholera,	42	"	10	"
Dysentery,	150	"		
Mumps,	20	"		
Whooping Cough,	86	"		
Measles,	42	"		
Erysipelas,	30	"		
Scarlet Fever,	70	"	1	"
Croup,	25	"		
Varioloid,	27	"		
Small Pox,	19	"		

So that for ten years, under the new practice, there has been no death in this Asylum from Diarrhœa, Dysentery, Mumps, Hooping Cough, Measles, Erysipelas, Croup, Varioloid, Small Pox, and only one death from Scarlet Fever, out of an aggregate of 676 cases of these diseases which have been treated. In the last five years there have been of Scarlet Fever 59 cases and no death. In the first and second of the last five years there were 4 deaths from Typhus Fever and 10 deaths from Cholera. Since February, 1850, *almost three years, there had been no death.*

The average annual number of children in the Asylum for five years, from 1842, was 161 4-5—the average for the last five years is 176 2-5. There

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are 15 adults in the Asylum, who have also been treated for this time, making the annual average for the last five years 191 2–5.

Excluding the adults, the mean annual average for the last ten years is 166 1-10. *The total number under care in the ten years is* 2522. *There were* 21 *deaths, or* 1 *in* 120 *of the whole number under care, and* 1 *in* 80 *of the average annual number.*

If the expenses for medicine, &c., for the ten years had been in the same ratio as for the first seven years, instead of $35, they would amount to $771 95.

The rate of mortality for the last ten years would give for the first seven years less than 9 deaths, instead of 22; and a rate of mortality equal to that of the first seven years would give, for the last ten years, instead of 21, more than 51 deaths.

The children are in fine health and spirits, capable of moral and intellectual improvement.

While admitting that the admirable regulations introduced and followed by the present efficient matron, with the improved ventilation and accommodations of the new buildings, and the introduction of the Croton water, have been instrumental in the production of these beneficial results, we think we may fairly claim that the principal instrument, under the blessing of God, has been Homœopathy.

All of which is respectfully submitted.

B. F. BOWERS, M. D.
Physician to the Asylum.
124 Bleecker St.

New York, December, 1852.

It is to be regretted that a more full statement of the diseases treated during the first seven years cannot be given.

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A.

Table showing the principal diseases treated in the Asylum from August 11, 1842, *to December*, 1847, *by* Dr. C. Wright.

Diseases.	Cases.	Cured.	Died.	Remarks.
Hooping Cough	65	65		
Diarrhœa	52	52		
Dysentery	22	22		
Croup	18	18		
Fever, remittent	14	14		
" gastric	7	7		
" brain	4	4		
" scarlet	11	10	1	
" typhus	2	2		
" continued	13	13		
Inflammation of bowels	3	3		
" " lungs	7	7		
" " brain	1		1	
" " air tubes	1	1		
" " stomach	2	2		
" " pleura (pleurisy)	5	5		
" " throat (quinsy)	7	7		
" " eyes scrofulous & catarrhal	255	248		4 left Asylum; 3
Organic disease of the heart	1		1	under treatment.
Catarrh of lungs and air tubes	92	92		
Erysipelas	7	7		
Concussion of brain	2	2		
Congestion of brain	3	3		
Hip disease	3	2		1 left.
Consumption of lungs and bowels	2		2	
Colic	2	2		
Mumps	3	3		
Sciatica	1	1		
Cholera morbus	2	2		
Canker sore mouth	9	9		
Scrofula	3	3		
Scrofulous abscesses	8	8		
Eruptions of various kinds	232	224		7 left.
Rheumatism	2	2		
Jaundice	6	6		
Convulsions	1		1	
Marasmus	3	3		
Total	869	849	6	

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B.

Table showing the principal diseases treated in the Asylum from December 1847, *to December* 1852, *by* Dr. B. F. Bowers.

Diseases.	Cases.	Cured.	Died.	Remarks.
Abscess	8	8		
Ascites	1			1 left Asylum.
Asiatic Cholera	42	32	10	
Cholera	7	7		
Cholerine	56	56		
Canker sore mouth	13	13		
Chicken pox	2	2		
Concussion of the brain	3	3		
Convulsions	4	3	1	
Croup	7	7		
Diarrhœa	99	99		
Dysentery	128	128		
Dropsy	1	1		
Eruptions of various kinds	236	236		
Erysipelas	23	23		
Fever	38	38		
Catarrhal	53	53		
Fracture of fore-arm	3	3		
" " collar bone	2	2		
" " thigh bone	2	2		
Hooping Cough	21	20		1 left Asylum.
Injuries, mechanical	24	24		
Jaundice	1	1		
Mumps	17	17		
Measles	42	42		
Ophthalmia	184	184		
Peritonitis	1	1		
Pleurisy	2	2		
Quinsy	16	16		
Rheumatism	7	7		
Scarlet Fever	59	59		
St. Vitus' dance	1	1		
Typhus fever	96	92	4	
Worms	2	2		
Burn	1	1		
Varioloid / Small Pox	46	46		
Total	1288	1266	15	

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Asiatic Cholera—42 *Cases*, 10 *Deaths*.

The cases of Cholera were unusually severe. The year preceding there had been some cases of sudden prostration and sinking, threatening collapse. During the prevalence of the epidemic, the drain from the water closets, which carries off all the waste water from the whole establishment, was obstructed, causing an overflow of the back water, and flooding the cellar. The necessity for opening and clearing the sewer, and draining the cellar, in hot weather, could hardly fail to increase the noxious effluvia and aggravate the disease. Twice the matron was struck down, and her life in imminent peril, by the Cholera. The nurse was struggling with the premonitory symptoms of Cholera for months during the whole prevalence of the epidemic, and was enabled to discharge her duties only by the most determined resolution, and by the constant use of remedies. The teachers and servants of the institution were also affected. A memorandum made on the 8th August, states that there were on that day 26 cases of Dys. Dia. and Cholera in the nursery; on the 11th there were 33 cases. There was much to excite apprehension and alarm, little to inspire confidence and hope.

Two cases of Cholera occurred in April, 1 in May, 11 in July, 16 in August, 12 in Sept. On the 18th May, Ver. 30 was given to all the children not under treatment as a prophylactic, followed on the 25th by Cupr. 15, Ver. 30, and Cupr. 30, were given alternately, 4 times in June, 5 times in July, 6 times and Sulph. 30, twice in August to the 13th; Camph. 200, 12 times, from 15th August to 1 Sept; Ver 30, 19 times, Sulph. 3 times, from 3d to 24th Sept.

Ten drops of Spts. Camph. dropped on Sugar, were mixed with about a tumbler of water, and kept in a bottle ready for use. On an attack of Cholera, a spoonful of this camphorated water was immediately given by the nurse, and repeated every few minutes, according to the urgency of the case. The patients were put to bed and kept as quiet as possible, and, in a great many cases, relief was obtained and danger averted by these simple means. Camph. 3 was frequently given with the best effect. Ver. 30 generally followed the Camph. and if there were cramps, Cupr. 30 was given. In bad cases Cupr. and Ver. were alternated at short intervals. Profuse watery dejections were frequently checked by Phos-ac. 30. When the patient was pulseless, Carb.-v. 30, was used, and frequently the pulse came up under its use.

When reaction came on, especially if Camph. were used, there was generally headache. Acon. 30, had a very good effect in such cases. Sometimes, when the headache was severe, and the nausea still very distressing, the vomiting and diarrhœa being checked, but ready to recur on the slightest imprudence, the patient oscillating as it were between reaction and collapse, and trembling between life and death, Acon. 700 and Camph. 200 acted like a charm. The Acon. relieved the head, and Camph. the stomach; and by giving these two remedies in alternation, some of the most critical cases were carried to a safe result. Ipec. 30 was sometimes serviceable. Ars. By., Mer., Nux-v., Phos., Rhus., Sulph., were also used according to circumstances.

Fatal Cases of Cholera.

P. H., a feeble consumptive boy, died 5 A. M., May 5th; was sick four days, not bad until a few hours before his death. Relieved by Camph.

John Foley died August 2d, 9 A. M., sick 9 hours. Taken in the night, and collapsed when first seen in the morning.

John Lille died Aug. 4, at 7½ P. M., sick 2 hours. Had Dys. before.

George Keen died Aug. 16, at 10 P. M., sick 11 hours.

John Kenny died Sept. 3d, at 8½ A. M., sick 11 hours.

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William Murdock died Sept. 4, at 10 A. M., brought into the nursery at 6 A. M. Taken in the night, sick 9 hours.

Mary Lincoln died Sept. 9, at 12½ M., sick 8 hours.

Hannah Millar died Sept. 12th, sick 4 days. Pulseless when first seen on the 8th.

William Taylor died Sept. 16, at evening. Was very sick Aug. 6th. Had cramps in his legs, took Cupr. 3 times, which relieved him.

August 31, pulseless two hours. Skin of his hands corrugated. Has taken Camph. Ipec. 30, Cupr. 30. Take Carb.-v. 30. Sept. 1 has come up under Carb. and is convalescent. Ars. 30, Acon. 30; 2d A. M., better continued. 5½ P. M., has copious watery discharges—black round the eyes, pulse quick and small, camph. 200 3d, A. M., rather better; Camph. 200. 6½ P. M., Diarrhœa, bad; constant thirst, vomiting drinks; Ver. 30, Ars. 30. 4th, bilious evacuations up and down, but improving; continue 5th, same; continue 6th, same; Carb.-v. 30. 7th, Ars. 30. 10th, red spots over face and body, with great tenderness on touch—tongue red and dry; Bell. 30; Erysipelas. 11th, covered with red eruption; left cheek inflamed, Diarrhœa better; tongue red and dry; Rhus. 30.

13th—Mouth and cheek bad; Nux. Sulph.

14th—Cheek swollen, and his condition bad; Mer. 700 id.

15th—mer. 700 id.

16—Cheek and tongue are mortifying, and he is insensible. Ars. 30. This cheek mortified, and he died at night. Sick 17 days.

Maria Holland died Sept. 20th, sick 7 hours. Attacked at 3 P. M. Pulseless 2½ hours, vomiting; copious watery dis., took camph. Ver. 30, Carb.-v. 30. Will now take Carb.-v. 30. Ars. 30, in alternation every 15 minutes. Sick 7 hours.

Two cases terminated		in	4 days.	
1	"	"	17	"
1	"	"	2 hours.	
1	"	"	7	"
1	"	"	8	"
2	"	"	9	"
2	"	"	11	"

1 death in May,
2 " " Aug.
7 " " Sept.

Cholerine—56 *Cases.*

During the prevalence of the Cholera, the epidemic influence was pretty generally felt by all persons residing in the regions where it prevailed. In many it produced the premonitory symptoms of Cholera, or Cholerine, which, perhaps, might properly be considered as the first stage of Cholera. When this condition was neglected or mismanaged, it frequently resulted in a severe attack of Cholera. Camph., exhibited as in Cholera, was very useful. The tinct., the 3d and 200th were all given, and all with good effect. Being exposed to great fatigue that season, and feeling at times the need of remedies, I was frequently relieved by Camph. 200, and took it in no other form. Ars., Mer., Phos., Phos-ac., Ipec., Ver., were also useful.

Catarrhal Fever—142 *Cases.*

Fevers remittent and continued, 76 cases, all cured by the usual remedies.

A few extracts from memoranda made at the time will give some idea of the nature and variety of the cases treated.

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Aug. 2d, 1849, a great many of the children have vomiting and diarrhœa this afternoon.

Aug. 3d, nine boys had medicine in the night, for vomiting and diarrhœa.

Aug. 8th, twenty-six cases of dysentery, diarrhœa and vomiting.

Aug. 11th, thirty-three children in the nursery, convalescent.

Dec. 10th, 170 coughs.

Dec. 13th, there are 84 children taking medicine and 12 in bed. Colds, coughs, diarrhœa, fever, vomiting.

Dec. 26th, the Catarrhal Fever commences with pain in the ear and headache, or pain in the arm and side. The cough is short, hacking and harassing. Many complain in this way for a few days and get over it without being confined to bed; others are taken down with fever after being relieved from these pains and going out of the nursery.

1850, March 2d, J. McC. had collapse and cramps, without vomiting or diarrhœa.

May 20th, almost every one in the house was attacked with diarrhœa last night. Discharges offensive and dark. Nurse had cramp in stomach, children pain in limbs, and some vomited.

28th, M. W. nausea, vomiting, severe cramps in the stomach, clammy perspiration. Took Camp. Attacked 8½ A. M. 1 o'clock, P. M., headache, fever. Acon. 30.

June 1. M. W. was flighty that night and has since had bleeding at nose, now better; Bell.

June 11th, J. D. vomiting offensive sour water, violent all day.

10th, Camph. and afterwards Acon. 30. Better.

Sept. 4th, E. J. vomiting and diarrhœa, rice water dejections; face dark, deathly. Camph., fever and headache. Acon. 30.

Dec. 10th, Measles, 19 cases under treatment.

1851, Jan. 9th, H. L. G., fever convulsions. Ac., Bell.

Dec. 30, W. G. fracture of left thigh bone in the upper half, from fall.

1852, Jan. 20, W. G. comfortable, bones united. Several children (30) have diarrhœa, and have taken medicine. 8 have been 3 days in the nursery.

28th, W. G. removed the splints.

Feb. 6th, Children are suffering from diarrhœa every day, and use Camph. as for cholera.

22d, fourteen children in bed, as many more on sick list, (scarlet fever.)

May 11th, C. B. nausea, vomiting yellow, and then copious green water. Cold in morning, blue and black round the eyes. Looks like Cholera, pulse 120. Camph. 3.

2d vis. 7.45 P. M., less vomiting and less fever. Pulse 150, complains of stomach. Benefittcd by the Camph. Nux 30 night, Bry. 30 morning, D. A., concussion of brain from fall of the piazza. Nausea, vomiting, insensible, eyes fixed, and looked as if going into convulsions. Arnic. 30.

12th, C. B. rather better. Pulse 140. Rhus-r. 30. D. A. vomited in night. Better, arnic. 30.

July 29, W. G. Cholera Morbus, retching, dark offensive diarrhœa, deathly cold sweat, and almost pulseless. Taken in night. Took Camp. and used it externally. Cramp in stomach, green bitter vomiting, pain in limbs. Almost well. Nux. 30

Nov. 28, all the children are complaining. They have fever, headache, pain in the stomach and limbs, vomiting in some, not generally. Cough, restless, crying out and wandering in sleep. A few have croup.

Nov. 29th, all the children cough.

30th, nine girls and 8 boys do not cough; all the rest cough.

Dec. 3d, children are improving, the cough is much better.

C. F. croup last night, very bad. Acon., Spong. Better.

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Canker Sore Mouth—22 *Cases.*

At times this has been a very troublesome complaint, the cases being much worse than I have seen elsewhere. There were canker spots on the tongue, gums and lips, and ulceration on the inside of the cheeks, swelling of the tongue, gums, lips and cheeks, with œdema of the face, salivation and fœtid smell of breath. Rem. used, Ars. Carb.-v., Mer., Nit.-a, Nux, Sulph.

Croup—25 *Cases.*

Great care is taken to discover the first approach of this disease, which is sometimes very insidious. The incipient symptoms being promptly met, the more dangerous forms of the disease are generally prevented. Sometimes, however, the cases had become very dangerous, when first noticed. Acon., Spong., Hep., Lach., Phos., have been completely successful.

Diarrhœa—151 *Cases.*

While the children in the Asylum are exempt in some degree from the attacks of Diarrhœa brought on by improper food, many of them come in with chronic affections of the stomach and bowels, and suffering from previous exposure and mismanagement. Camph. is often given, if the attacks are severe, attended with coldness and prostration of strength. Ars., Calc, Carbo., Cham., China, Ipec. Mer., Nux, Phos., Phos. ac., Rheum, Rhus, Secal., Sulph.-ver., according to circumstances, have sufficed for the cure of this troublesome disease.

Dysentery—150 *Cases.*

It may be remembered that the dysentery prevailed epidemically in 1849, in a very severe and fatal form. During that season there were 42 cases in the Asylum. They were treated principally with Acon., Ipec., Mer., Nux., and Sulph. Other remedies were sometimes given, but Mer. seemed to be the most important remedy, and was given either alone or in alternation with Acon. or Ipec. The preparation used in these cases was Mer-s. 700, that being the one generally used in all cases in the Asylum. In protracted cases, Nux and Sulph. were given night and morning in alternation, with good effect.

No injections were used.

Erysipelas—80 *Cases.*

Erysipelas of the face and head was treated successfully with Acon., Bell., Mer., and Rhus-r. These remedies, with Lach. and Sulph., were relied upon in all forms of the disease.

Eruptions—468 *Cases.*

The great cause of the miserable condition to which Allopathia had brought the children in the Asylum, was mismanaged Psora. It had been treated with external applications, and repelled with Sulph. ointment. In many cases it fell upon the eyes, producing Ophthalmia. The homœopathic treatment of the Ophthalmia brought out the eruption again, and accordingly, Dr. Wright says: "In October 1842, nearly all those who had recovered from Ophthalmia were the subjects of cutaneous eruptions, which, spreading among others, soon in turn became the prevailing complaint, and again threatening

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to pervade the whole establishment. Their treatment for this disease was added to my former charge, and now commences."

"The disease first made its appearance on the hands, arms, and neck in large distinct pustules, like itch; on other parts of the surface which it ultimately invaded, it took the form of a miliary rash. In many cases, there was painful erysipelatous swelling of the hands and feet. A few cases of Tinea impetigo and Herpes composed the remaining cutaneous affections." These eruptions were more obstinate than the Ophthalmia, and alternated with it. Under homœopathic treatment, the eruptions came out worse: and as it was impossible to separate the children, new cases were constantly occurring, and those apparently cured were reinfected. It became necessary, therefore, to administer similar medicines to all the children, to the uninfected as well as to the infected; and in this way only was the disease eradicated.

The remedies chiefly used were Ars. Calc.-c., Carb.-v., Hep., Mer., Rhus-r., Sep. Sulph. A bad case of recent Psora improved rapidly under the use of Sulph. 2000, and I believe was cured without the use of any other remedy. Sulph. 2000 was repeatedly given to the uninfected as a preventive, with the best effect. Rhus-r. 30 was given for the same purpose, and was also very useful in curing the eruptions, as was Mer. and Sep.

Hooping Cough—86 *Cases.*

This disease has been more troublesome, and in some cases was attended with inflammation of the lungs. All, however, got on very well under the usual treatment. I do not know that any one remedy was especially useful.

Measles—42 *Cases.*

The Measles came on with nausea, vomiting, headache, disposition to sleep, eyes red and watery, coryza, sore throat, hoarseness and hoarse cough, fever, delirium, bleeding at the nose, and in some cases, inflammation of the lungs. Acon. 30, and Puls. 30, were mainly relied upon, and with a few other remedies according to circumstances, were completely successful. There has been no death from inflammation of the lungs, consumption, or other disease, following the Measles or Hooping Cough.

Mumps—20 *Cases.*

Mumps have prevailed repeatedly, and have yielded readily to Bell. and Mer.

Ophthalmia—439 *Cases.*

Dr. Wright thus describes the Ophthalmia as it appeared on the 11th Aug. 1842, when he took charge of the medical treatment of the children affected with it:

"Fifty-three cases were found requiring treatment, and twenty of these were of an aggravated form, presenting the following characteristics: Eyelids inflamed and swelled, some of them entirely closed, others nearly so; a thick crust of adhesive matter upon the margins. The outer coat of the eyeball red with inflammation; the eye painful, and most intensely so when exposed to light. Four had granulations on the upper eyelids. Five had ulcers on the cornea. In the remaining thirty-three cases, the eyelids were congested and the external coat of the eyeball slightly inflamed and constantly suffused with a muco-purulent matter. The attack of Ophthalmia was generally preceded for 24 or 48 hours, by unusual stupor, sleepiness, headache, and some degree of fever."

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The disease has presented much the same symptoms whenever it has reappeared, up to the present time. It is often complicated with eruptions, and sometimes there is great inflammation of the eyelids, externally, with erysipelatous inflammation, extending down upon the face.

Acon. 3, given for a few days and then suspended, followed after a short interval by Bell. 3, in the same way, rapidly cured the first acute cases submitted to Dr. WRIGHT's treatment, made a strong impression, and led to the introduction of Homœopathia into the Asylum.

The following remedies have been found useful: Acon., Apis, Ars. Bell., Calc., Caust, Clem., Con., Suphr., Hep., Mer., Natr-m., Nux-v., Rhus-r., Sulph., Stram., Ars. 30, Sulph. 30, were used for ulcers on the cornea. Opacity of the cornea, of long standing, has been removed by Sulph. 2000. Latterly, Apis, 30, has been used with good effect for opacity.

In severe cases it is found advantageous to keep the children in bed, as they are much more easily controlled.

QUINSY—23 *Cases.*

All the varieties of sore throat are treated with the usual remedies, and with the best effect. Among so many scrofulous children, there has been no occasion to cauterize the throat nor to cut off the tonsils, cure being considered better than excision.

SCARLET FEVER—270 *Cases*, 1 *death from consecutive disease.*

These cases occurred in different seasons, and partook of the character of the several epidemics which prevailed. In February, 1851, thirty-three cases of a mixed character, resembling Measles, were treated with Bell. 30, and Puls. 30. There was high fever with coryza, cough, sore throat, swelling of cervical glands, and a red, somewhat rough, and slightly elevated eruption.

In February, 1852, there were twenty-six cases. It came on with fever, pain in stomach, vomiting, diarrhœa, headache, sore throat, pain in ears, teeth, and limbs, face red as scarlet, and then pale. Some had bleeding at the nose, delirium, dizziness and inability to stand steady. All the children in the Asylum coughed, and many had diarrhœa. The cough was so general and incessant, that at prayers, one day, when the matron attempted to read, she was fairly coughed down, and had to give it up. On requesting those who had a cough to stand up, they all stood up. Thinking that the cough was probably occasioned by the scarlatina miasm, and was at any rate a Bell. cough, I gave Bell. 30 to them all. The effect was truly surprising, the cough was so much relieved. The same remedy was continued during the prevalence of the fever, both for the cough and as a prophylactic. The 26 cases of fever were all rapidly cured by Bell. 900.

SMALL-POX AND VARIOLOID—46 *Cases.*

These cases varied from very dangerous confluent Small-pox to mild varioloid. There were chilliness, nausea, vomiting, headache, pain in the back, delirium, and some were comatose. The gastric symptoms were severe. Pulse in many from 120 to 150.

The eruption was confluent in five cases; in nineteen it was general and ran about the usual course. In the remaining twenty-seven cases, there was less; in some, little or no eruption, and it dried up more rapidly. Some had convulsions before the eruption came out, and diarrhœa sometimes occurred in the course of the disease.

The remedies used were Acon., Ars., Bell., Bry., Mer., Rhus-r., Sulph., Tart., Thuy., Varioline.

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Thuy. 200 was given, but being little used and not depended upon, I am not certain as to its efficacy. Tart. was used only a few times. Acon., Bell, Bry., Mer., Rhus-r., Sulph., according to circumstances, were generally used. Rhus-r. was especially serviceable in relieving the burning, itching irritation of the eruption. Varioline, third trituration, dissolved in water, was given to all the patients, when there was no special indication for another remedy. It seemed to have a good effect in mitigating the fever and prompting desiccation. I should think it had some effect to prevent pitting, as the worst cases were less marked than could have been expected. It was also given to the other children as a preventive; but as they were vaccinated too, its efficacy in that respect is not ascertained. The Varioline would have been used in a higher dilution could it have been obtained.

In several the eyes were dangerously affected, and in one case the sight of one eye is probably lost, the specific inflammation of the disease having produced organic change in the eye. The inflammation was removed, and the coats of the eye were clearing up with increasing perception of light, when he left the Asylum. In another case, where the sight was impaired, the opacity of the cornea is nearly removed, and the sight will soon be perfectly restored. Other cases, where it produced ulcers and opacity of the cornea, were soon cured. Apis. 30 was very useful in these cases.

Typhus Fever—98 *Cases*, 4 *Deaths*.

This disease prevailed epidemically, and was very fatal in the city in 1848, and again in 1849. In these two years there were 96 cases in the Asylum. A good many were sick simultaneously. It came on with great weakness, loss of power in the limbs, nausea and vomiting, vertigo, so as to pitch about and fall like a drunken man, pain in the limbs, violent headache, delirium. All had a heavy sweat with a disgusting smell. Bry. 30 and Rhus-r. 30, were the principal remedies used. Ars. 30, Bell: 30, Mer. 700, were sometimes very serviceable, and Stram. 300 quieted the violent delirium in one case, and produced sleep. Chin. 200 was used.

Of the four deaths, two were directly from the fever, and two from consecutive diseases. Of the former, one, Hugh Roper, was a feeble, sickly child, the other, Samuel Cahill, was carried off during the prevalence of the Cholera.

Of the latter, Emma Ward, died a week or more after the febrile excitement had left her, with mortification of the cheeks, mouth, and tongue, and Robert Shaw died of Marasmus, or consumption of the bowels, several weeks after the fever left him.

It should be observed that the frequent changing of the children very much increases the amount of sickness in the Asylum. When they are all brought into proper training and good health, it is comparatively easy to keep them so. With a new set, all the labor has to be gone over again. It was the admission of new children which constantly furnished new subjects for Ophthalmia and eruptions, and made it so difficult to get rid of those diseases. Not only is the condition of the children when admitted relatively bad, but the door is opened for the entrance of epidemic and contagious diseases, and in this way have come in, at various times, the Mumps, Measles, Scarlet Fever, Typhus Fever and Small-Pox.

It is worthy of remark, also, that the children reported cured of Cholera, Diarrhœa, Dysentery, Measles, Catarrhal Fever, Scarlet Fever, Typhus Fever, and Small-Pox, are actually cured, and did not die of the consecutive diseases, which so often prove fatal when these dangerous diseases are neglected or improperly treated. Three deaths, 2 from Convulsions, and 1 from Scarlet Fever, comprise all that have occurred for more than ten years, from diseases to which children are peculiarly subject. Headaches, congestion of brain,

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colds, coughs, pleuritic pains, and inflammation of the lungs, are relieved by the mild power of appropriate homœopathic remedies, and consequently there have been no deaths from Dropsy of the brain nor Inflammation of the lungs, and one only from Pulmonary Consumption.

The treatment, always relying upon attenuated medicines, has demonstrated their efficacy, rising from the third to the higher and the highest—curing with the latter the dangerous forms of acute disease.

Ten years ago, it might seem like temerity to undertake the medical treatment of a public institution, by Homœopathia exclusively, and it required some moral courage to venture one's reputation on the issue. Now, good men and true would not hesitate to take charge of all the public institutions, with an undoubting confidence that the fullest trial would result in the triumphant success of Homœopathia.

APPENDIX III.

Report of the Homœopathic Society of Philadelphia.

To the American Institute of Homœopathy:

The Philadelphia Homœopathic Medical Society, desirous of sustaining a relation to your honorable body, respectfully submit a report of its organization and purposes, as a part of the general body of Homœopathic physicians in the United States.

This Society was instituted shortly after the last annual meeting of the Institute, and is composed exclusively of Homœopathic physicians who are regularly educated graduates of medicine.

The object for which the Society was instituted, was to promote the interests and improvement of the Homœopathic profession—to promote the right kind of research into the different branches of science connected with the duties of the physician, and to render mutual aid in the acquirement of knowledge.

The Constitution of the Society provides for monthly stated meetings, and the duty of furnishing an essay or monograph upon some medical, hygienic, surgical, or other subject connected with the interests of the profession, is enjoined upon each of the members, and said duty is to be performed at least once in every year.

The Society numbers about thirty members, only about one-half of the number of Homœopathic physicians residing in Philadelphia city and county, and for the purpose of better carrying out its purposes and intentions, it has a standing committee on the Materia Medica, whose duty it is not only to provide for the proving of new remedies, but to promote the reproving of many that now occupy a place in our Materia Medica, and moreover, to take into consideration everything that pertains to the history, mode of preparing, and the uses of medicinal agents.

The Society has also a standing committee on Pathology, whose duty consists in acquiring a knowledge of the natural history of diseases common to our climate, and to contrast, as definitely as possible, their physiology with that of the healthy or normal condition.

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Special committees, for the consideration of specific subjects, have also been appointed, some of which have already made partial reports to the Society. A committee has been appointed to make researches into the pathological character of the various grades of intermittent fever, and to acquire as extensive information as possible with regard to the hygienic rules to be observed, and the remedies to be employed in effecting, in the most successful manner, their radical cure. In furtherance of the object of this committee, any information that can be communicated to them from any members of the Institute, residing in any part of the United States, will be thankfully received.

The proceedings of the Society thus far have not been void of interest. Essays have been read before the Society, by several of its members, upon therapeutic, medical, and pathological subjects, and it is both hoped and predicted that the usefulness of the Society will hereafter become fully manifest, in the accomplishment of important objects for the benefit of the profession.

In view of accomplishing the greatest good for the profession by honorable and associated action, the Homœopathic Medical Society of Philadelphia is very desirous of promoting the interests of the American Institute, and in order that some idea may be cherished of the grand use such an honorable body may accomplish, she would respectfully call its attention to the object for which it was established, viz., "*The Improvement of the Science of Medicine.*" That such a noble use may be accomplished, the mode and manner of procedure should be definitely pointed out. The Philadelphia Society would therefore urge upon the Institute the necessity of a more effectual organization, and an increase of committees charged with specific duties.

It would suggest that the members of committees should be so situated as to be able to communicate readily with each other.

It would urge, 1st. That a committee of three, residing in the same neighborhood, should be charged with the specific duty of acquiring all the definite information possible, with regard to the pathological history, description, and treatment of the diseases of the respiratory organs, and the hygienic rules to be observed in the management of these affections; said committee to report at the next meeting of the Institute.

2d. That a committee of three be appointed, charged with the duty of investigating the nature of the diseases incident to the abdominal organs, their nature, history, and treatment; said committee to report at the next meeting of the Institute.

3d. That a committee of three be appointed to investigate the nature, character, and treatment of diseases impairing the secretory organs, and to report at the next meeting of the Institute.

4th. That a committee of three be appointed, charged with the specific duty of acquiring knowledge concerning the exanthematous diseases in their acute and simple form, and also of their complication with any chronic difficulties that may have been latent in the system,

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together with the treatment and hygienic rules to be observed in the successful management of each.

5th. That a committee of three be charged with the duty of investigating the nature, character, and treatment of diseases of the nervous centres. Committee to report at the next meeting of the Institute.

Numerous other committees might be appointed, each charged with some specific duty. One might be appointed on epidemics, one on diseases of the skin, &c.

By pursuing this course, a volume of valuable information might accumulate every year, and then the Institute might regard itself a living body, composed of different organs, each of which might perform its specific function for the good of the whole. A mere coming together once a year, without being able to put forth a volume of proceedings of practical and scientific character for the benefit of the profession, is time spent in vain,—a mere failure, to be looked back upon with regret by the friends of our cause, and chuckled over by our enemies, as evincing lukewarmness and inability in a cause for which we have professed so high a veneration.

Respectfully submitted on behalf of the Society.

Wm. A. Gardiner, M. D.,
A. E. Small, M. D.,
W. P. Esrey, M. D.,
} *Committee.*

APPENDIX IV.

Report of the Cincinnati Homœopathic Society.

Branch of American Institute of Homœopathy reports progress, 14 physicians of the school finding successful employment in the exercise of their profession, 11 of whom are members of this Branch Society.

The inhabitants of our city have been, during the year past, visited with less disease than commonly, though scarlatina has been prevailing to a great extent during the whole winter and spring, and still presents itself in some instances. In the early part of the winter it was generally of a malignant character; but without assumption, we may say that our success in the treatment of this scourge has been preeminent and marked.

Measles have also prevailed and still prevail, but yield in all instances where no other medication had been instituted before, in an almost charming manner to homœopathic treatment.

We regret very much that we are not able to report any provings of medicines, added to the arsenal of knowledge, most of us being almost constantly engaged in practical pursuits—volunteer subjects unattainable and paid subjects so seldom reliable.

By order,

William Sturm, *Secretary.*

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APPENDIX V.

COMMUNICATION FROM ISAAC COLBY, M. D.

January, 1853.—William Horton, aged twenty-two, received an injury by a nail projecting from a timber, by which a deep lacerated wound was made between the metacarpal bones of the third and fourth fingers of the left hand, nearly through the hand. A few drops of dark-colored blood flowed out, and the pain for a few minutes was intense. When it abated he was faint and dizzy, but recovered so as to eat his dinner. After dinner a blindness came over him, he felt sick, and vomited, and lost the power of locomotion—seemed to be paralyzed. Spasms then commenced in the pit of the stomach, and soon spread all over him, at first remittent, returning once in two or three minutes, and attended with vomiting. The injury occurred at 12 M. I saw him four or five hours after, in company with my partner, Dr. J. G. Wood. At 6 o'clock the extensor muscles of the whole body had become rigidly contracted, so that he formed a semicircle, and when on his back rested only on the heels and head, and his sufferings appeared exceedingly great. At this stage, seeing the disease was progressing with such fearful rapidity, I thought it not proper to spend much time in administering ordinary remedies, especially as I had one at hand of such undoubted efficiency, as I knew cold water to be. I had him immediately placed in a position to receive as much of the water in tubs as could conveniently be done, but, considering the urgency of the case, was not very particular about that. I commenced pouring all over him water of a temperature near that of a freezing point, from a pitcher, at the rate of a bucketful every five minutes, and continued it half an hour. Then I wiped him with a towel, wrapped him in blankets, put him in bed with a great amount of covering, and let him remain there two or three hours, till reaction and free perspiration took place. Then he was sponged all over in cold water.

When I had poured the water on him about twenty minutes, and he had begun to be very cold, he felt the spasms evidently give way, first, in the least affected side, and then, in a few minutes, in the half of the body that had received the injury, and the pain abated, and the limbs became flexible. But, to make the cure certain, I continued the pouring a short time after he was relieved, till he shook violently all over with the cold.

After the reaction had taken place, and he had been sponged with cold water to carry off the superfluous heat, a soreness of all the muscles remained, with violent headache, and he could not endure any motion or noise for several days, and could not be raised from his bed for more than a week, but, by the application of appropriate remedies, under the care of Dr. Wood, he gradually recovered without any symptoms of a return of the spasms.

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The application of cold water in this manner, is not technically Hydropathy. It is simply a sudden reduction of temperature by means of an agency acting on the Homœopathic law of cure, with an energy and power to which no other known remedy can approach. And it meets a more extensive range of diseases than any other remedy, because it has the leading foundation symptoms of diseased action—which is a sensation of cold.

When the vital organism is assailed by any hurtful cause, the first manifestation is a sense of coldness or shivering, more or less perceptible. This is so uniform, it may be considered the first symptom of an abnormal state. And when the vital power is not too much overcome, the cold is followed by heat, and this generally by perspiration. This constitutes the essential type of disease, and shows the natural movement of the animal economy when assailed by any hurtful agency, and points out the true mode of cure. The cold stage is the leading symptom consequent on the exciting cause, and the heat and perspiration may be but a salutary action to throw off the attack. Often it is successful, and one paroxysm terminates the disease. The reason why every attack is not thus speedily terminated, is because the power of reaction is not always sufficient of itself to throw it off. Here we need an agent that will powerfully impress the whole organism, and put it in a pathological condition analogous to that which constitutes the main features of the disease, and in a manner that will secure a certain and energetic reaction. The reduction of temperature, by the application of cold water, is precisely this agency.

I have made a great many experiments, by this reduction of temperature, during the last four years. I place the patient in a large tub, either seated, with the feet in another tub, or standing on a stool to keep the feet out of water, without covering, or with a sheet about the shoulders, as circumstances require, and pour the water from a pitcher upon the head and shoulders, letting it run down the body at the rate of a bucketfull every five minutes, till the patient shakes violently with cold, which takes from twenty minutes to three-quarters of an hour, according to the temperature of the water. Then wipe and wrap in a blanket, and cover in bed till reaction and free perspiration takes place, which requires from two to four hours. Then sponge in cold water to carry off the superfluous heat, and put on ordinary covering. In this way I am sure I have treated more than a hundred cases during the last four years. I now know what results I can depend on with great certainty. This remedy is far more effectual in the early stage, while it remains but a functional disease.

It is the true Homœopathic remedy for all spasms. Intense cold always causes rigidity of the muscles. In tetanus it can never fail to cure. In this case I had no doubt of its success, and had decided to continue to pour the water till the spasms gave way.

A person may remain very cold for a long time, without any danger to life, if rightly treated. I would rather keep a patient pulseless

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and senseless three weeks, by the application of cold, than have them die with this disease. I have in several cases of other diseases, continued to pour cold water till after the pulse ceased in the wrist, and till the patient was so stiff he could not rise from his seat. In this case, if the spasms had returned, I should have applied it again more thoroughly than before.

Again, there is a trembling where a person has become very cold. It is, therefore, the remedy for clonic spasms. Can a person tremble with any other spasms, when he is shaking tremendously with cold? I have applied it in many cases of spasms in children, some of which are reported in the second volume of the Quarterly Journal of Homœopathy. It never fails to stop them. But when they depend on organic lesions, when the patient gets warm, they may return again. It is adapted to all acute diseases when applied in the early stage. I believe there is a period in every fever when one application of cold water, as described above, would effectually stop its progress, and the patient would be immediately as well as before the attack. I have had much experience on this point. But too often this period has passed by before the physician is called.

In the Asiatic cholera, I think it cannot fail of adaptation. It is the means of conducting the patient through the same pathological stages which constitute the essential characteristics of the disease, with the certainty of a successful, healthy reaction. I should expect it would cure every case if seasonably applied.

This remedy is capable of doing, in many cases, what all other remedies would fail to accomplish, and is safe in its application, but is too formidable for extensive use.

ISAAC COLBY.

SALEM, MASSACHUSETTS, June 2nd, 1853.

APPENDIX VI.

COMMUNICATION FROM W. R. POWER, M. D., OF PHILADELPHIA.

TO THE AMERICAN INSTITUTE OF HOMŒOPATHY:

Without copying the entire records of the symptoms and treatment of a large number of the cases of Variola and Varioloid, treated by me within the last three years, exclusively with Vaccinin and Variolin, which time nor opportunity permits me to do at present, I find it very difficult to furnish, as requested, a statement of the results of my experience with the substances mentioned; and I altogether despair of conveying to your apprehension a half tithe of the deliberate conviction resting on my own mind, that these substances are immensely superior in controlling and conducting to a successful termination the several forms, phases, and degrees of variolous affections to the generally prescribed remedies, viz.:

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The first in importance, as well as the most constant and uniform of the results, I have derived from the administration of Vaccinin in *true* small-pox, and from Variolin in varioloid, is that of controlling and moderating the eruptive fever to a grade necessary to a full and healthy development and maturation of the pustules, even in the most violent forms of *confluent* small-pox. In my hands, too, by the use of the third decimal trituration of Vaccinin, the preparation I have uniformly used, those affections of the throat, of the eyes, of the lungs, and sometimes of the brain, involving, as every practitioner is aware, a class of incidental or concomitant affections, oftentimes exceedingly harassing to the patients, and perplexing to the medical attendants, have been almost, if not entirely prevented. The harassing burning of the skin is rendered tolerable to the patient, and the natural functions of excretion, so little interfered with in the progress of the disease, that I have very rarely found it necessary to interpose a single dose of medicine, or to resort to the use of enemata, to evacuate or relax the vomits.

By the exclusive employment of Vaccinin in variola, I have found the disease uniformly much shortened in its course, and in no single instance has it, in my experience, been followed by any of those unpleasant sequelæ so apt to follow upon a derangement of the usual course of the disease under the old treatment. In one case of distinct small-pox, treated with Vaccinin, the scabs began to fall at the end of the fourth day from the first appearance of the eruption. I have had no case even of the confluent sort, and I have had some in which the patient was enveloped in one continuous scab from head to foot, which has not been cured in from eleven to fourteen days.

Changing from variola to varioloid, and substituting Variolin for Vaccinin, the remarks made in reference to the latter are equally true and applicable throughout the former. I have employed Variolin in one case of pure small-pox, but without observing the same beneficial results; and my practice is to observe the distinction, if the distinction between the two forms of the disease can be at all ascertainable, and if not, then to resort to, and rely upon, the Vaccinin. This distinction, however, is generally attainable by inquiring of the patient or his friends whether he has been vaccinated, and, if this fails, by an examination of the arm or leg for the distinctive mark.

Very truly yours,

W. R. Power, M. D.

APPENDIX VII.

COMMUNICATION FROM S. S. GUY, M. D.

On the 29th of January, I was called at 4 o'clock, A. M., to visit a lad four years old, who had been attended, without success, for twenty-four hours previously, by an Allopathic physician, and who now exhibited the following symptoms:

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Exceedingly loud and difficult breathing, somewhat resembling the sound of sawing; head thrown back, and neck stretched to its utmost; nostrils collapsed, lips drawn upon the teeth, and arms thrown convulsively up at every inspiration; deathly paleness around the nose and mouth, eyes wide open, with wild and staring look, altogether giving an expression of superlative agony. Great restlessness, and constant desire to change position; unusual heat in every part of the body, with profuse perspiration about the head and neck; pulse 130, and tense; considerable thirst, but could not be induced to drink for fear of suffocation, and could with difficulty be made even to swallow the medicine. Tongue slightly coated and somewhat red at the tip and along the edges; fauces of deep red color; tonsils considerably enlarged, and much inflamed, exhibiting, with other portions of the mucous membrane in that region, quite large diphtheritic patches.

Prescribed *Acon.* 3, and *Spong. mar. tost.* 6, to be given in alternation every twenty to thirty minutes. At 9 o'clock, A. M., no improvement. Exhibited *Bromine*, aqueous solution, prepared impromptu, of about 2d dilution, teaspoonful every fifteen or twenty minutes. At 12 o'clock, M., rattling in throat greatly increased, and accompanied by a kind of fluttering sound; face nearly purple, constantly tossing about in the most wild and agonizing manner; inspiration was nearly impossible, and suffocation seemed inevitable; presently by an almost superhuman effort, he threw off several large pieces of well-formed, tough, and leathery membranous substance, some of which were more than two inches in length, and seemed to have been torn off by the desperate effort made to expel them.

From this time he was greatly relieved. His breathing became much easier, in fact almost natural, although at intervals of from one to three or four hours, he would have paroxysms when inspiration was very difficult. There was also almost complete aphonia. Continued *Bromine* in alternation with *Hep. sulp. calc.* at intervals of thirty, forty, and sixty minutes.

30th. 9 o'clock, A. M., had a very comfortable night; slept at one time for two hours; pulse 90, and rather soft; paleness, and agonized expression; aphonia slightly abated; could not stand on his feet or sit up without support. *Bromine* 3, every two hours; 6 o'clock, P. M., continues to improve; Bromine 3, every four hours.

31st. Still better, but very hoarse. *Hep. sulp. calc.* every three hours. Feb. 1st. Had, during the night, two or three slight suffocating paroxysms, which, however, were of but short duration. *Samb. nig.* 3, every four hours. On the 2d, hoarseness about the same; tonsils continue somewhat inflamed and swollen; Belladonna 12, every four hours. 3d. Tonsils much inflamed, but hoarseness slightly increased; *Carb. veg.* 3, *trit.* every four hours. 4th. About the same; *Carb. Veg.*, as above. Feb. 5th. Hoarseness rather less, and improving generally; *Carb. Veg.* 30, every six hours.

7th. Had improved very much, but some slight ulcerations now made their appearance in the buccal cavities, and the edges of the

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tongue retained impressions of the teeth; *Merc. sol. Hah.* 30, every six hours.

12th. Had taken slight cold; general dryness of the skin, with thirst; pulse 110, and rather full; *Acon. nap.* 3, every three hours.

13th. Febrile symptoms almost entirely gone, but hoarseness was considerably aggravated, with some increased inflammation and soreness of throat, which had assumed a much darker hue; *Phos.* every four hours.

14th. Symptoms all abated; continue *Phos.* every six hours.

15th. Still better; continue *Phos.* as above.

16th. Rapid improvement; is able to walk a little, and talks with considerable ease. There remains some slight ulcerations in the mouth; *Merc. Sol. Hah.* 30, every night.

20th. Slight hoarseness, and some remains of the ulcers; *Merc. Sol. Hah.*, as above.

23d. Discharged. Cured.

APPENDIX VIII.

REPORT OF THE COMMITTEE ON SMALL-POX AND VACCINATION.

RAVAGES OF SMALL-POX.

THE first reliable information we have of small-pox, is found in an old manuscript in the library at Leyden, which is dated 572. It says, "In this year, small-pox and measles made their appearance in Arabia." Speaking of these diseases as if they were known to have existed in other parts of the world previously. We are informed by Gibbon, the historian, that small-pox broke out at the memorable siege of Mecca, two years (A. D. 562) before the birth of Mahomet, and raged so violently in the Christian army as to cause its overthrow.

It is highly probable that the disease was not known to remote antiquity, inasmuch as we find no account of it by Celsus and Galen, whose works are a kind of digest of the knowledge of their predecessors.

The first accurate *description* of the disease which has come to us, is found in the writings of a distinguished Arabian physician, by the name of Rhazes, who lived in the beginning of the 10th century; he says, "It was brought out of Ethiopia into Arabia. It prevailed in Alexandria, in Egypt, in the year 641; and some suppose that it originated in India centuries previous."

It was introduced into Europe by the Saracens, who overran Spain, Sicily, and the Levant in the 8th century.

But its introduction became more general through the disbanded armies of the Crusaders, who contracted the disease in the East, and conveyed it to their homes at the close of the 12th and beginning of

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the 13th centuries. Soon after, through commercial intercourse of the nations of Europe, it spread with great rapidity, and for hundreds of years scattered death and destruction over the fairest portions of the globe.

In the British Islands alone, 40,000 are annually swept away; and of 1,300 cases attacked, 500 died.

In twenty-five years after the discovery of this continent, we are told it destroyed more than half the population of the provinces into which it was introduced. Three millions and a half are said to have fallen victims to it in Mexico alone, in the course of a very short period.

Emigration to North America brought it to the aborigines of our immediate country, where whole tribes in some instances were swept away, scarcely leaving enough to preserve their name.

Such a disease was small-pox, previous to the discovery of inoculation.

INOCULATION.

It is not certain where inoculation originated. It has been ascribed to the Circassians, who are said to have employed it as a means of preserving the beauty of their women. It appears to have been long practised in the south of Wales, in the Highlands of Scotland, and in Constantinople; from which latter place it is said to have been introduced into England by Lady Wortley Montague, whose daughter was the first person inoculated in England, in 1721. It was performed in this country during the same year.

The operation is performed by inserting a small portion of small-pox matter beneath the cuticle, by means of a lancet. The matter can be taken immediately from the small-pox pustule, or as is more frequently done, by re-moistening a string or fine tape which has been allowed to absorb the matter from a pustule. The place generally selected for the operation is on the upper arm, near the insertion of the deltoid muscle. For the sake of uniformity, the left arm should be chosen.

The vesicle begins to form about the eighth day, and the eruptive fever sets in; the areola appears soon after, and in a couple of days small red pimples are observed on various and distant parts of the body, which gradually progress to the fully developed small-pox pustule.

Although inoculated small-pox is less fatal and less liable to lead to deformities than natural small-pox, it is still a dangerous and most loathsome disease. It is contagious, and a mild case of inoculated small-pox is fully capable of propagating the disease in its most malignant form.

VACCINATION—ORIGIN AND NATURE OF THE DISEASE.

Long anterior to any scientific experiments upon the human subject, a pustular disease was known to infest the udders and teats of cows

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in England, and probably in other parts of the world, which was communicable to the hands of those who milked them; and a report gained currency among the common people that those who contracted this disease (called cow-pock) were thereby fully protected against the small-pox About the year 1768 or 1770, the attention of Dr. Edward Jenner was attracted to the subject. About this time it was discovered that matter from a disease appearing in the forms of pustules and the ulcers in the heels of the horse, known to farriers by the name of Grease, was capable of producing the cow-pock when applied to the teats and udders of the cow by the hands of the milkers. The matter of grease was frequently transferred from the heel of the horse to the udder of the cows by the hands of the groom who washed the sores of the horse, and without paying proper attention to cleanliness, assisted the dairy-maids in milking. Further investigation and close observation, satisfactorily proved to the mind of Dr. Jenner that the disease had proceeded from the horse to the cow, and thence to the human subject. He was struck with the remarkable likeness of these diseases to the small-pox, and thought it highly probable that the grease in the horse might have been the origin of small-pox in man. But that in passing through the system of the cow it became so modified as to lose its malignity, and result in the mildness of the vaccine disease.

Since the time of Jenner it has been suggested, on the other hand, that both the diseases, grease and cow-pox, may be the offspring of small-pox in the human subject. That the groom, while laboring under variola might communicate the disease to the heel of the horse, or the milk-maid to the udder of the cow. The holders of both these opinions believe in the identity of the diseases. The latter view is very much strengthened by the experiment of inoculating the cow with small-pox matter, as was practised by the late Dr. Carpenter, of Lancaster, in Pennsylvania, which produced a *perfect* vaccine pustule. Of the prophylactic power upon the human system of the vaccine disease, produced in this way, nothing is known with certainty, but the probabilities are that it possesses the same or equal power as ordinary cow-pox. However we may view the matter, investigation and deduction bring us to the same conclusion; viz.: a belief in the common origin of small-pox, grease, and cow-pox. If this be granted, and in the light of the great homœopathic law, "similia similibus curantur," if we consider the prophylactic agency of vaccinia against small-pox, as well as its homœopathicity in the treatment of that disease (a position now well established), we are brought to this further decision, that the small-pox virus, during the germination and development of the disease in the system of the cow, is so far modified as to destroy its *identity*, and convert it into a disease of striking *similarity* to the original malady.

Dr. Jenner, in his immortal work on Variolæ Vaccinæ, published in the year 1800, after thirty years spent in investigation and deliberation on the subject, cautions us against mistaking a pustular disease

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of milder form and more local in its character, which attacks the teats of cows, chiefly in the spring of the year when first turned out to pasture, and while suckling, for the true cow-pox. The sores of this spurious disease are free from the bluish or livid tint so conspicuous in the true cow-pox, and no erysipelatous areola surrounds them. Instances may have occurred, though very rarely, of the hands of milkers being affected with sores, followed with feeling of indispositions from the virus, but Dr. Jenner's opinion is, that this disease does not afford security against the infection of small-pox. On this point, however, we are left without any direct experience.

MODE OF PERFORMING VACCINATION.

The mode usually adopted in England, as well as on the Continent of Europe, of introducing the vaccine virus into the system, is to prick or scarify the skin through the cuticle, in one or two places, on one or both arms (it should always, for the sake of uniformity, be done on the left arm, above the elbow) with a lancet until it bleeds a little, and then apply a portion of the lymph directly from a fresh vaccine pustule, taken on the eighth or ninth day after vaccination, to the spot, in order that absorption of the matter into the scarified surface may take place. In some other parts of Europe the vaccine vesicles are punctured with pointed portions of quills, and the matter allowed to dry, these quills are afterwards moistened and applied to the scarified spot, so as to incorporate the moistened virus with the small portion of serum which oozes out, where it is suffered to remain until absorbed.

In this country, the plan generally adopted, is to rub up the scab, which remains after the drying of the vaccine pustule, with a drop or two of pure water, to about the thickness of cream, and apply it to the scarified spot, as above described.

PROGRESS OF THE VACCINE DISEASE.

The small thin scab made by the wound in vaccination mostly falls off, and the wound heals in thirty-six or forty-eight hours after the operation. On the fourth day a slight redness can be perceived, which on the fifth day is a little elevated in the form of a pimple; on the sixth and seventh day the vesicle begins to fill, and on the eighth the commencement of the areola can be seen, which increases in size and in redness until the tenth day, when it attains about the size of a half dollar, sometimes larger, the fluid then dries, and the scab forms, of a brownish color near the circumference, with a speck in the depression in the centre of firmer consistency and darker color. From this time the areola begins to leave, and disappears entirely on the twelfth or thirteenth day; the scab falls off on the seventeenth or eighteenth day.

The indisposition consequent upon the true vaccination commences

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on the sixth or seventh day, consisting, in some instances, of slight rigor, followed by pain and soreness of the axilla, occasionally nausea, feeling of lassitude, headache, succeeded by general fever and restlessness, and not unfrequently, loss of appetite. More or less of these symptoms are perceptible for two or three days. With young children the fever and restlessness are the most prominent symptoms, and last from twelve to eighteen hours. The constitutional symptoms always subside before the local disease reaches its highest point of development. The vaccine disease, through its whole course, is so mild that treatment by medicine is very rarely called for. Hahnemann recommended, and many of our best practitioners have continued the practice of giving a single dose of Sulphur in the thirtieth potency, on the evening of the eighth day, in order to cut off the tendency to eruptive disease, which frequently follows vaccination.

In spurious vaccination the inflammation progresses from the time of the insertion of the matter. The inflammation is of the phlegmonous character, and the spot rounded. It runs its course in a shorter time than the genuine. The pustule is not depressed in the centre, the scab is of a lighter color, has no hardened speck in the middle, and is generally mealy and easily broken. If constitutional symptoms appear at all, they come on before the sixth day.

Vaccination causes neither loss of life nor deformity of the features.

But does it answer the end proposed? viz.: indemnification against the infection of small-pox? If the truth of any proposition can be established by evidence that is clear, positive, and sufficient in amount, the claim of vaccination as a prophylactic against small-pox is certainly placed beyond cavil. Millions of living witnesses can bear testimony to its success in their own persons, while the absence of pits and scars from the faces of the present generation, when contrasted with deformities caused by the ravages of this most loathsome disease in generations that are past, are illustrative evidences of this great triumph of the healing art.

Special efforts have been made to infect persons with small-pox soon *after vaccination;* children in the same family have been exposed to its contagious influence; they have been placed to sleep in the same bed, and, moreover, the validity of the protection has been tested by the inoculation of small-pox matter in the arm after successful vaccination, but uniformly without producing the disease.

But some constitutions after vaccination, in the course of time, become more or less susceptible to the influence of variola, and hence we have the disease known by the name of

VARIOLOID,

which is neither more nor less than modified small-pox, and is itself another evidence of the protective influence of vaccination.

All vaccinated persons do not become liable to this disease, and in those who do, it is probably no less owing to constitutional peculiarity

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than to the results produced upon the system of the patient by the lapse of time after vaccination. It is true that when small-pox prevails epidemically, we occasionally meet with very slight cases of varioloid in children, who had been vaccinated three or four years before, but the disease is generally quite harmless until the age of puberty, even in subjects who had been vaccinated in infancy. Besides, only about one-third of those exposed will be attacked, while the others will retain their protection for a longer period, and, perhaps, to the end of life. Varioloid in its usually mild form is not dangerous, and leaves no scars behind.

The following statistics will exhibit the comparative decline in the protective influence at different periods after vaccination :—

In the small-pox hospital at Copenhagen, of 257 cases reported as having varioloid, 24 were attacked within seven years after vaccination; 42 cases more than seven and less than eleven years after, and 191 cases between twelve and twenty-three years after; showing a very large proportion who had been vaccinated more than ten years.

The following statistics are still further illustrative of its protective influence :—

In one of the English hospitals there were 126 cases in six months; of these 66 had been vaccinated, one had had small-pox before, and 58 were unprotected. Of the 66 who had been vaccinated none died, of the 58 unprotected 16 died, several had the disease in its most virulent form, and some that recovered were disfigured for life.

Again, out of 623 cases of small-pox and varioloid, 438 were in persons who had been vaccinated, and only 2 out of the 438 died.

And still further, from the report of the small-pox hospital (at Copenhagen), we learn, that of all the patients admitted, who had been vaccinated, not one under the age of fourteen years was affected with true small-pox; not a single fatal case occurred in a subject under twenty-three years, and not one case of small-pox occurred in a patient after *re-vaccination*.

In this country, owing to the difference between our institutions and those of Europe, we have not the means of arriving at results on so exact a scale, but every practitioner must have observed a similar tendency in vaccination after a certain time, varying in different individuals, to lose a part of its protective influence, and finally, in some persons, to lose it entirely.

Vaccination became general, in this country, about the year 1810, and varioloid made its appearance about 1820, but for the next ten years it gave rise to very little uneasiness, being very mild in its course, which usually was much shorter than small-pox.

The eruption generally comes out from twenty-four to thirty-six hours sooner than small-pox, in its progress it is much lighter, the vesicles sooner fill, they dry away without secondary fever, and leave no pits behind. Varioloid was not at first contagious, but more recently it not

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only communicates itself by malarious influence, but if an unprotected system be exposed to it small-pox will be the result, or if an unprotected person be successfully inoculated with the matter from a pustule of varioloid, true small-pox will follow.

There are numerous cases reported in the Journals, and they are constantly recurring in the practice of physicians, where the two diseases, vaccinia and varioloid, have both ran their course in the same individual, at the same time, but each in a modified form. The vaccinia is prolonged, with the areolæ less prominent than natural; the variola is shortened, the secondary fever prevented, and there are no cicatrices left behind. But where vaccination has been performed within less than four days after exposure to the small-pox infection, the disease has uniformly been prevented.

Instances of this kind might be greatly multiplied, but the following are thought sufficient for our present purpose:—

On the 27th of May, 1849, I was called to see Mrs. A. B. J., in the eighth month of her pregnancy. Found her laboring under some derangement of the stomach, pain in the head, slight pain in the back, and some general soreness. Gave her Rhus and she seemed better until the 29th, when all her symptoms were aggravated; at night especially, the pain in her back reached the highest degree of intensity,—fever increased, and she became restless and frequently delirious. The symptoms continued with but little variation, until on the morning of the 2d of June she was suddenly, without the usual premonitory symptoms of labor, delivered of a little boy, and the small-pox eruption appeared the next morning. On the morning of the 7th of June the lady died of confluent small-pox. On the 4th of June, *i. e.* the third day from its birth, I vaccinated the child. The vaccine disease ran its course, regularly and fully, and the child entirely escaped variola.

I have seen scores of instances where persons were vaccinated within one or two days of exposure to small-pox, and the disease was entirely prevented.—WILLIAMSON.

But if vaccination be delayed more than four days after the small-pox incubation, there is reason to believe, that although (if the vaccination be successful) the variola will be modified, it will not be entirely prevented.

I vaccinated an infant, Jan. 10, 1852, (six months old,) who had been exposed to the small-pox influence. The vaccine vesicle formed in the usual time, and with it appeared vesicles with rounded tops, which in due time filled with *lymph* and dried up without passing over to pus, and having no reddened areolæ. The scabs were thin, and without dimples in the centre. It was a case of varioloid of mild type, and got well without ulceration or secondary fever. The period of incubation was too far advanced to have the disease entirely supplanted by the vaccination, yet it was stripped of its malignity.—WILLIAMSON.

In a case reported in the London Lancet, by Matthew Hinchcliffe,

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June, 1852, a little girl of four years, who had been successfully vaccinated two years before, had small-pox. Five days afterwards, an infant in the same family, aged eleven months, was vaccinated. The vaccine vesicles formed, as in ordinary cases, in seven days; but on the next day the child was taken with difficulty of breathing and vomiting. Four days after—that is, twelve days after vaccination—small-pox pustules made their appearance over the whole surface of the body. The child passed easily through the disease, and got well; —making another instance where, if a child be not vaccinated *within four* days of its exposure to small-pox influence, the disease will not be entirely prevented.

A case of small-pox is reported by Dr. Bennett, of England, where the face was closely studded with papulæ. Vaccination was performed, and the face was covered with mercurial ointment, thickened with starch. The patient recovered without any pitting of the face; but how much is due to vaccination cannot be told.

The following case illustrates all the positions assumed in this part of the report:

A child was vaccinated, April 28th, while an elder sister was laboring under a mild attack of small-pox in the pustular stage. On May, 5th, eight days after vaccination, there were two good pustules on one arm and one on the other, and the child in good health. The next day, May 6th, he was taken in a fit, and afterwards was restless and feverish. On the following day, he continued feverish, but had no more fits. On the next day, May 8th, and the eleventh day after vaccination, an eruption made its appearance, and he passed through the usual course of a mild attack of small-pox, and recovered.

The vaccine vesicles did not reach maturity as soon in this case as usual, and the areolæ were less. Several children living in the same row were successfully vaccinated at the same time, who all escaped variola. The author has recently seen several cases of variola after vaccination, all, however, more or less modified.—G. W. HOPKINS (*London Lancet*).

If these things be so, the argument goes not against vaccination, but turns in favor of re-vaccination, which we will now proceed to consider.

"The effects of re-vaccination in the Prussian army, since the year 1833, have almost completely extirpated small-pox from its ranks. In the kingdom of Wurtemberg, also, it has been found that, out of 14,384 soldiers and 19,864 civilians who were re-vaccinated, only one case of varioloid has occurred among the former, and only three among the latter, during a period of five years."

The practice of re-vaccination in the kingdom of Wurtemberg was generally adopted in the year 1830, and no *epidemic* of small-pox has occurred there since that time.

Sound practice and the evidence drawn from experience indicate the advantages of re-vaccination subsequent to the fourteenth year. Surgeon Nolan gives several cases where re-vaccination on the eighth

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day successfully protected the subjects against small-pox, while other members of the same families, not thus re-vaccinated, contracted the disease from the same degree of exposure.

I am not aware of any cases of small-pox occurring in persons who have been twice successfully vaccinated. In scores of instances I have re-vaccinated all the members of a family on the appearance of the first case of small-pox or varioloid in the house, and have never yet seen it fail of affording perfect impunity to all who would submit to the operation. In other instances, I have re-vaccinated part of the family, who were afterwards exempt from the disease, while those who refused to be re-vaccinated were subsequently attacked.

It does appear to me that the expression of a doubt of the immense value of vaccination, or of the importance and the additional security afforded by re-vaccination during epidemic small-pox, on the part of any practitioner, gives incontestible evidence of his lack of knowledge of the whole subject. His incredulity cannot be sufficient to resist the evidence derivable from an examination of statistics, which are always accessible.—WILLIAMSON.

Small-pox and varioloid are both extremely dangerous to the life of ladies during the period of pregnancy, and generally bring on abortion or premature labor, and thus prove fatal to the offspring.

Small-pox and bad attacks of varioloid occurring during confinement in a majority of instances prove fatal.

Experience proves that, owing to the peculiar impressibility of the system during pregnancy to this class of diseases, vaccination itself, under other circumstances generally so mild, becomes totally inadmissible, having proved so in many instances, and brought on abortion or premature delivery in others. Consequently, neither vaccination nor re-vaccination should ever be performed during pregnancy, unless exposure to small-pox influence render it advisable. The proper course to avoid all danger in such cases would be to re-vaccinate all ladies previous to their marriage, or very soon afterwards.

It is proper still further to remark that an attack of varioloid or small-pox, occurring in a female at almost any time between puberty and the change of life, is apt to bring on menstruation prematurely, and sometimes profusely. And when the disease occurs about the period of puberty, before the menses have made their appearance, it is almost sure to produce them.

Strumous or cachectic diathesis may invalidate the protective powers of vaccination. While some systems are totally unsusceptible to the vaccine virus, others receive it very readily, and soon throw it off.

It is in depraved diathesis that we see small-pox most complicated and most destructive. The disease, however, occasionally renovates such systems, and the person becomes more healthy than before.

To afford the greatest amount of protection, vaccination should not be performed during the prevalence of epidemic diseases, or even diseases of a malarious origin. It should be also uncontaminated by any existing disease. Yet the popular notion about the danger of the

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inoculation of other diseases is simply absurd. In the first place, no other acute disease with which we are acquainted is sufficiently similar to vaccination in this period of incubation, and in its mode of germination and development, to become incorporated with the vaccine virus; and, in the second place, chronic diseases are still as likely to be transmitted by inoculation than are the acute.

It is conceded that *eruptions* frequently appear soon after vaccination, but it is denied that *therefore* these eruptions are produced by vaccination. The homœopathicity of the vaccine virus may promote the development of *latent diseases*, throw them upon the surface, and enable us to cure them homœopathically. And will not a dose of Sulphur, Carbo vegetabilis, or of other antipsoric remedies, occasionally do the same thing?

Observation proves that these eruptions generally appear in children who are under the influence of psora, and that they are just as likely to appear after vaccination with the purest matter, as with matter of a more suspicious character. The same matter may be used in different families, and in some eruptions will follow, in others they will not; those free from latent disorders will remain well, while those in whom disease is developed through vaccination will be found to have been liable to the very affections which vaccination has aided us to discover. And with the more certainty will we find this to be the case, if we inquire into the previous history both of the children and their parents.

This argument, then, heretofore used so frequently against vaccination, not only fails in its object, but affords additional evidence of the truth of the great homœopathic law, and of the usefulness of vaccination.

It is not only objected to vaccination that it degenerates so much as to create or transmit other diseases; it is also urged that it depreciates so as to lose its prophylactic powers. It might with equal show of reason be argued, that small-pox loses its contagious influence; and if the two diseases are similar in their origin, they are likely to be affected by similar causes.

But there is no evidence that either of these assertions is true. Small-pox, as in the earliest ages of its history, is transmitted by contact; and vaccination in a great majority of cases, as has already been shown, perfectly protects the vaccinated. If any one believes that the vaccine matter at present in use has degenerated or is contaminated, or that the mode of administration is wrong, let him get pure matter and use it in a better way.

Vaccination is as pure and it is as protective as it was at the time of its discovery by Jenner. But it is urged persons may have small-pox after vaccination. To which we reply,

All variolous diseases are liable to recur. We know not how often persons become liable to the influence of small-pox after inoculation, and so they also do after natural small-pox. I have seen instances of both, in practice, and there are numerous cases of the kind reported

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in the journals. During the prevalence of the disease in Philadelphia in the winter and spring of 1852, there were at least twelve cases of secondary small-pox. Fatal cases of small-pox have occurred in patients whose faces were covered with pits from a previous attack—so that, the objection to vaccination that subjects of it again become liable to small-pox, is no objection to it; for if it be, the same objection holds good against inoculation, and even against protection from the disease by the disease itself. In every point of view, vaccination (as it is neither dangerous nor contagious) is the safest and best mode of defence from small-pox.

Cow-pox taken from the cow can also be contracted a second time, even after it has afforded protection from small-pox. Dr. Jenner in his great work gives us a few instances of the kind, one of which may be found on page 47. Elizabeth Wynne, had cow-pox in 1759; was inoculated without effect with variola in 1797, and again caught cow-pox in 1798.

A case is reported by Dr. John Webster in the London Journal of Medicine for May, 1851, of small-pox recurring *three* several times in the same individual after satisfactory vaccination. H. N. N. was vaccinated in 1827, when three months old—had small-pox in 1833, with a brother who had also been vaccinated. In 1838, both these had small-pox again, with another brother who had been also vaccinated—all recovered. He went to India in the service of the East India Company, and was again attacked with small-pox of the confluent form, and died on the 13th of April, 1850.

While this case proves the possibility of small-pox occurring after vaccination, it also proves that small-pox occurs after small-pox.

From a careful consideration of this whole subject, we are brought to the following conclusions.

1. Vaccination has lost none of its protective influence. It is the best means of preventing small-pox at present known, and should be universally performed in infancy or early childhood.

2. Persons who have been exposed to small-pox, may be protected by *re*-vaccination, if performed within four days after such exposure.

3. All adults should be re-vaccinated.

F. R. McManus, M. D.,
S. S. Guy, M. D.,
W. Williamson, M. D.,
Committee.

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APPENDIX IX.

Treasurer's Report for 1853.

The American Institute of Homœopathy, in account with S. R. Kirby, Treasurer.

To balance on hand May 18th, 1852, ...	$ 91 53
To cash received as per Treasurer's book, up to June 4th, 1853, ...	106
	$197 53
Cr.	
Cash paid sundry bills as per Treasurer's book, . .	$128 23
	$ 69 30

S. R. Kirby,
Treasurer.

E. E.

New York, June 6th, 1853.

The above account we find correct.

J. G. Loomis,
F. K. McManus,
T. H. Pulte,
C. D. Williams.

APPENDIX X.

COMMUNICATION FROM C. NEIDHARD, M. D.

To the American Institute of Homœopathy:

As I shall be prevented from being present at the annual meeting of the American Institute, at Cleveland, I will at least comply with the resolution of the Institute, adopted in 1851, viz., "that every member should make some written communication," by contributing some small memorial to the archives of the Society.

In the course of my long Homœopathic practical life, I have been daily more convinced, that the main difficulty in many cases of disease, in discovering the *simile* for distinct and well-marked symptoms, does not so much lie in the paucity of the articles already contained in our Materia Medica, as in the totally insufficient manner of their provings, and particularly the unphysiological mode of arranging and recording the symptoms. I will illustrate my view by some examples.

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Chilidonium has in ancient times been celebrated for diseases of the liver, and we have a tolerable proving of it in our Materia Medica. But with the symptoms, as they are at present laid down, we can hardly find its range of action. By dint of great exertion, I found a group of symptoms, which do not unfrequently occur in practice, and for which Chilidonium acts "like a charm."

The first case is that of Mrs. ——, who had for many years been subject to liver complaint, of which she now again had an acute attack. It presented the following features:—pain in the right side of the back, with weight of the back of the head pressing against the left ear, also pressure in the eyeball, sore tonsils, bitter taste in the mouth, nausea, bowels costive.

At first sight many remedies would apparently meet the above symptoms, but on a closer examination, by collecting the scattered symptoms, we shall find that Chilidonium more closely meets the pathological state, than any other remedy. For modern physiological experiments have shown that, when the right side of the spine is affected, or any organ situated on that side, the left side of the head, or the corresponding organ will be in sympathy. Thus we have in Hahnemann's Materia Medica, under Chilidonium, "pinching, cramp-like, in the internal border of the right scapula, with a sort of pressing stitch from the left side of the occiput to the forehead," which, in the comparatively imperfect trial of this remedy, must suffice for the present; for except the bitter taste in the mouth, with considerable nausea, we have no other data of a disease of the liver by this remedy, and yet the above case was fully and permanently cured by Chilidonium.

Now I must ask, could there not a mode of proving this or any other remedy, be devised, which would preserve the link of these symptoms, so nearly related to each other, physiologically and pathologically? These few symptoms constitute, in fact, the marrow, the very essence of the pathogenesis of the remedy.

Another consideration presents itself: Remedies will often cure a case, for which only a few characteristic symptoms are found among the provings, while others are not, because the latter are very imperfect.

Ellen ——, for many years subject to bilious vomiting, giddiness in the head, nausea, choking during bilious eructations, *shooting pains in the region of the liver to the back.* This last symptom will not be found among the pathogenetic symptoms of Chilidonium, but it was nevertheless cured by it, like all the rest. Lastly, I have cured some cases of a similar nature, by Chilidonium.

The same law holds good with epidemics. During the prevalence of dysentery, cholera, etc., one patient has seldom all the symptoms characterizing the epidemic; one has more diarrhœa, another, more spasms or vomiting, and yet both are cured by the remedy, which in its character most clearly resembles the character of the prevailing epidemic. If the remedies are so fully proved as *e. g.* Arsenic, Belladonna,

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Thuja, these difficulties will gradually disappear; but even the fullest proving, if pursued in the old way, will not unite what so clearly belongs together. Each proving ought, in fact, to be regarded as a physiological and pathological study to the prover as well as to the editor of the provings. Being fully aware of the importance of the subject, I will offer to the consideration of the members of the Institute, some principles, according to which such provings ought to be conducted.

1. Before any proving is made, the individual prover will carefully note down, for at least a month, all symptoms to which he may be habitually liable.

2. As a preliminary, he will furnish an account of his general habit of body, his complexion, color of hair, eyes, etc.

3. No change in his accustomed diet ought to take place during the provings, as this alone might induce symptoms; at the same time, it is absolutely necessary that the prover should commit no excess of any kind, during his experiments.

4. One dose of the 30th or 6th dilution of the remedy ought to be taken fasting, in the morning, and the same dose is only to be repeated, if no effect whatever be perceptible from the first, during 24 to 28 hours, so that its action is not interrupted.

5. If, after repeated trials, no effect is felt from the higher dilutions, the lower dilutions, from 3–1, will be resorted to with the same provision as before.

6. Believing that structural changes are only the result of a change in the natural functions of the organs, on which the remedies act, it is thought that provings with enormous doses of medicine are unnecessary, and will answer no practical purpose. For, by careful annotation of the primary disturbances of any organ or organs, produced by a remedy, satisfactory conclusions may be drawn as to its subsequent organic changes, arising out of the functional derangements.

7. The symptoms should be accurately noted down in the order in which they appear, as well as the time of the day at which they manifest themselves. The delineation of the precise locality, when any symptom appears, ought never to be omitted.

8. All symptoms produced by one dose, and having a physiological connexion, as far as the prover is able to judge, ought never to be separated in the digest of the symptoms.

9. Provings, if possible, must be made on an equal number of persons of both sexes, of different constitutions and habits of body, and an accurate comparison drawn of the difference of action according to the habit of the body, in the summary statement at the end of the provings.

10. The different Homœopathic societies throughout the country, would appear to be the natural mediums for investigations of this kind, and the American Institute of Homœopathy ought to take the lead, thus sanctioning the idea of the great value the Homœopathic school

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places upon this fundamental basis, on which our whole success as a school depends.

In order to illustrate this subject more fully, I must refer to the digest of symptoms in Cinnabaris, where some attempt has been made to carry these views into practice. I am quite aware that it is merely an attempt.

As, according to Hahnemann's ideas, all diseases are of a dynamic nature, their first beginnings may often be traced, by the careful observer, to the mind or brain, and from that centre to other organs. In all my provings, the first effect seemed to me always in the mind. Take, for instance, the following four groups for the forehead:—

First Group.—A sharp steady pain, mostly in the *right orbital region;* soon after felt a sharp *throbbing* in *the left hypochondrium,* in the *region of the spleen,* after four hours.

A *dull aching pain* in the *bones* of the *forearms* and *legs,* in eleven hours.

In eleven hours the pain in the head is increased to a heavy stupifying ache, aggravated by thinking, reading, pressure. *Tenderness in the epigastric region.*

In the morning better, but in the evening the *pains in the head* return again, with a *numbness* and *heavy acting* in the *arms* and *knees,* and *lower legs,* without another dose.

The same *pains in the head* return also in the morning, at eleven o'clock, with a *disposition to fall asleep,* notwithstanding his making great effort to keep awake: *constrictive feeling* in the *umbilical region, urine tinged yellow.*

Second Group.—Although accustomed to dream much, yet he had more troublesome dreams than usual.

He awoke and started up several times without purpose, once with a *heavy pain in the forehead.*

Upon arising in the morning, he felt a little giddiness and pain in the *forehead,* with a sensation of *soreness* in the *eyeballs.*

Before noon *acidity in the stomach,* general headache, and heaviness in eyes, &c., &c.

Third Group.—After taking the medicine the night before, he had an *increased flow of saliva* the next day, so that when he attempted to speak, he had some difficulty, from *his mouth being filled with saliva.*

He had some pains of a *dull character* in the forehead, over the eyes, in the afternoon, which became more severe in the evening, and were aggravated by motion.

Had occasional pains in the *left side of the chest,* between the cartilages of the 5th and 6th ribs.

The second day the *flow of saliva still continued.*

In the afternoon he had again a *dull acting pain* in the *right forehead,* aggravated in the evening.

Also, a return of the *pains* in the *left side* of *the chest* in the region

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of *the heart*, of a sharp cutting character, producing a difficulty of breathing.

FOURTH GROUP.—*Dull pain* in the *forehead*, which is *cold*, and relieved by the warm hand.

Aching *soreness of the eyes*, worse in the evening.

Pulse rises from 60 to 80 in the evening.

Aching *soreness in the teeth.*

Eructations of wind in the stomach.

Sores in the *mouth, on the under lip.*

Severe pain in the forehead, lasting all night.

Great restlessness and nervousness.

The parts *italicized* show the consecutive action of the medicine, all proceeding from the forehead to different parts of the body, such as is often found in disease. In these provings we may trace the expansion of remedial action from forehead to stomach, and if we look still closer into the symptomatology of Cinnabaris, we find still farther sympathies under determination of blood to the head, as *e. g.* fulness of head, with sensation of emptiness in the stomach, and looseness and dizziness of the head, with soreness of the stomach. What is the precise nature of the diseases, indicated by the above groups, it is not necessary to dwell upon in this place. Names are of little consequence. The most important point is to retain in our digest that which evidently belongs together. We hear constant complaints of the insufficiency of our repertories, but I believe if we had better provings, we would have better repertories. Remedies must be proved by a greater number of persons than hitherto, and their observations more accurately defined. As I intend to pursue this subject in another place in a more extended way, I shall close here.

Respectfully yours, &c.

C. NEIDHARD.

Philadelphia, June 5, 1853.

APPENDIX XI.

COMMUNICATION FROM M. J. RHEES, M. D.

STOCKTON, CAL., April 19th, 1853.

TO THE AMERICAN INSTITUTE OF HOMŒOPATHY.

GENTLEMEN:—It is now nearly seven years since I became a member of your body, by signing my name to the Constitution and By-Laws. Whether I have forfeited my membership by long absence and silence I do not know, but it would seem to be so from the fact that for five years I have received no official notification of the time and place of your annual meetings. I have been, so far as the Society was concerned, as one who had no interest whatever in its proceedings. I

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do not even know who is the secretary of the Institute. I might have been in fault in not communicating my place of residence to the secretary, had I known his name, but without this knowledge I was unable to correspond with him. It seems to me that it was his duty to inform himself as to the whereabouts of every regular member, and extend to all of them, without exception, the annual notification and invitation, in whatever part of the habitable globe they might be living. He might easily have obtained the necessary information in regard to myself, as I know that several prominent members of the Society were well acquainted with my place of residence. Do you feel no interest gentlemen, in the advancement of Homœopathia in California? Or, am I considered as unworthy to be a promulgator of the science? To one of these conclusions I am forced to come. You cannot be ignorant of the peculiarities of California vegetation, and of the possibility which exists of there being many valuable medicinal plants indigenous to the country. There is a broad field for research still open in the examination, botanically and pathogenetically, of these plants. Moreover, this State is populated by people from all parts of the globe. We see, daily, men from every State in the Union, from every nation of Europe, from the great nations of Asia and Africa, and from the numerous Islands of the North and South Pacific. Here, then, is a splendid opportunity to make known the great and peculiar benefits of Homœopathia to the whole world. These two objects, viz.: the botanical and pathogenetic examination of the indigenous plants of California, and the universal promulgation of the science of Homœopathia, claim, and ought to receive the attention of the American Institute of Homœopathia; and those who have braved all the dangers and trials connected with the journey to, and a residence in this State three or four years ago, and who are still willing to remain at a distance from family and friends to prosecute these objects, have a right to the countenance and encouragement of that body.

But, although I feel the neglect of my professional brethren, I should not have troubled them with a letter on this subject. I have something of more importance to communicate. Since I have resided in this country, I have, from time to time, made tinctures of plants, which, from their botanical characters, or singular circumstances connected with them, have seemed to afford a prospect of adding to our Materia Medica valuable remedies. It has been my desire to communicate my observations to the Medical Bureau for a long time, but, for various reasons, I have been unable to do so until the present time. I shall now commence by giving you my observations in regard to

RHUS LAURINA.

Sexual System: Pentandria Trigynia. Genus RHUS; General Character, *Calyx* 5-parted; *Petals* 5; *Berry*, one-seeded, small, subglobular.

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RHUS LAURINA: Specific Character, a shrub growing from two to eight feet in height; stem branching, irregular, glabrous; leaves ternate; leaflets elliptical, emarginate (often sinuate), very glabrous: panicles crowded; flowers greenish-white, diœcious; calyx 5 or 6-parted; petals 5 or 6, sessile, reflexed; male flower, 5 stamens and rudiments of a style, filaments very erect, hirsute, extending beyond the corolla; anther sagitate, giving off a bright yellow pollen; female flower, 5 abortive stamens; 3 stigmas standing on a globular germ. Blooms in April.

This variety of the Rhus will be found partially described in Mrs Lincoln's Botany, page 155. It differs from the Rhus Toxicodendron principally in the shape of the leaves, and in the entire absence of the slightest pubescence, both on their superior and inferior surfaces. The plant grows abundantly in the great Sacramento and San Joaquin valleys, as well as in the mountains. To the best of my knowledge, it is found in all parts of the State. The leaves first make their appearance in March, and are then of a beautiful dark claret or maroon color. This is more particularly the case with the leaves of the male plant. The sap of the plant is a thin milky fluid, but when allowed to touch the skin, it produces a dark purple stain, and for three or four days afterwards, whenever the part is washed, it looks as if it had been recently touched with nitrate of silver.

On the 4th of the present month, at 10 o'clock, A. M., I procured several branches of both sexual varieties of the Rhus Laur., and cut the leaves, tenshoots, and clusters of flowers into small fragments, and put them into a vial, with the intention of making a tincture. While doing so, I was troubled with a smarting and burning in the eyes. My hands were protected at the time by kid gloves, and I washed them carefully with strong soap before I touched any part of my body. In the evening I began to experience slight itching and burning in the face, particularly about the eyes and forehead; and voluptuous itching on the scrotum and prepuce. At night, felt a sense of oppression as if the air was too heavy.

April 5th. Last night the sleep was disturbed and full of dreams, which were lascivious, and of venereal pleasure; felt heavy and unrefreshed in the morning; during the day the itching in the face has increased and spread over the nose, the edges of the nostrils, the upper and lower lips, the external ears, and the inferior portion of the neck immediately above the sternum and clavicles; the skin on these parts feels rough, and is covered with a minute eruption of lenticular vesicles, filled with transparent serum; itching on the back of the hands, particularly between the fingers. The itching on the scrotum and prepuce has become more troublesome, and is much increased by scratching; scratching or rubbing of the parts is followed by intense burning; the prepuce is slightly swollen. In the evening the nose is quite red and shining: the redness is not removed by pressure.

April 6th. This morning I felt weak and languid; dull, aching

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pain, and weakness across the loins; redness, and swelling of the skin of the forehead, eyelids, nose, cheeks, lips, and ears, behind the ears, and on the front of the neck; the skin on these parts is covered with the minute lenticular vesicles spoken of yesterday, which are more filled with serum. These vesicles seem to be situated in the rete mucosum; at least they involve a deeper tissue than the cuticle. During the day some of them find their way to the surface, and are ruptured while being scratched. The itching is so intolerable that it is impossible to resist the inclination to scratch. After scratching, the parts burn and sting, become more swollen, and feel stiff and dry; the prepuce is much swollen and very red, and the itching is unbearable about once in five or six hours on this part and the scrotum; the scrotum is red, swollen, and much corrugated. After scratching for a few minutes, the itching is entirely relieved for several hours; eruption of pimples and minute vesicles with excessive itching on the backs of the hands and between the fingers; itching on the inside of the thighs.

April 7th. The same symptoms continue as were noted yesterday, but with increased violence. The eyes were nearly closed in the morning, by the swelling of the lids. Chilly sensations during the day, through the whole body, while sitting in a warm room.

April 8th. The itching and swelling on the face, between the fingers, and on the scrotum and prepuce, became so intolerable, that, fearing it would incapacitate me for business, I took Rhus tox. 6th, every four hours, and bathed the parts with cream. This treatment alleviated the symptoms somewhat. At night itching and redness on the inside of the thighs, from the perineum to the knees.

April 9th. The itching and swelling in the face is very much abated, as well as that on the scrotum and prepuce. The itching on the hands and between the fingers is very harassing, and is much increased by rubbing and scratching. The itching comes on at intervals of 5 or 6 hours, but it may be produced at any time by rubbing or scratching. Scratching is followed by excessive burning, and between the fingers by a dull, aching pain, the skin becoming more swollen, hard, and white, as in urticaria. This evening took a hot bath, as hot as it could be borne, using castile soap and the flesh-brush freely. This was followed by immediate and complete relief for several hours. Continued the Rhus tox. as yesterday, and the cream externally.

April 10th. The itching in the neck returned at bed time, last night, and was somewhat troublesome through the night. This morning the itching returned with great severity in the hands, and was again relieved by bathing them in hot water, which was repeated this evening. The face is very dry and rough, and has a scurfy appearance, and the skin seems to be thickened and indurated: all other parts have been comfortable through the day, with the exception of the thighs and the skin covering the lower portion of the abdomen, which has at long intervals itched considerably.

April 11th. Bathed the hands again in hot water this morning, and they have not been at all troublesome through the day. There

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has been some itching on the thighs and scrotum, but not nearly so much as formerly.

April 12th. The hands have been very troublesome at intervals of 12 hours during the day. This morning vesicles made their appearance in the palm of the left hand wherever the sap of the plant had touched the skin, in gathering it.

April 19th. Up to the present time, the itching and burning in the palm of the left hand, and between the fingers of both hands, have been very annoying, almost painful, at intervals of 10 or 12 hours. Wishing, however, to know how long the effect of the plant would continue, I have made use of no remedies since the 11th inst. It is now evidently abating.

Some persons are much more readily and severely affected by this plant than others, while a very few are entirely exempt from its influence. The great majority are more or less susceptible to its action. I have seen very many cases of poisoning by it. Some have presented the same symptoms and the same kind of eruption as were present in my own case, but in more severe form. I have seen eyes completely closed for 24 hours by the swelling, and the scrotum and prepuce have been so badly swollen in a few cases as to render it necessary to support them with a suspensory bandage. In other instances, the vesicles are much longer than in my case, and become confluent, forming a dark scab of an inch or more in diameter. I have not seen any case in which the tongue or pulse were materially disordered. I have been informed by a gentleman in this city, that two persons with whom he was acquainted, died from the effects of the poison, but I have been unable to learn anything concerning their symptoms. Dr. Lewis Post, of San Jose, California, informs me that if he rides within ten feet to leeward of the plant, he is speedily affected by it, particularly and almost exclusively on the scrotum and prepuce. It seems to have a great affinity for this part of the body, as almost all the cases I have seen have complained of the intense voluptuous itching of the external genital organs and the inside of the thighs.

In the treatment of the toxicological effects of this plant, Dr. Post informs me that he has used *Rhus tox.* with excellent success. As I have heretofore been under the impression that I had to deal with poisoning by *Rhus tox.* itself, I have never used it, fearing to employ a remedy identical with the cause. Dr. Post also considered it identical, yet he used it, notwithstanding. Since I have examined it botanically, and have satisfied myself that it is a different plant, I shall hereafter use *Rhus tox.* in cases of poisoning by it. As will be seen by the report of my own case, I used *Rhus tox.*, and probably with good results. I have generally made external applications, such as a solution of salt, in water, diluted spirits of Camphor, and Olive oil. Occasionally I have found the internal use of *Bell.* very effectual, in other cases, *Bry.*, and in one case, where the face was very much swelled, and the eyes closed, the use of *Ars.* was followed by prompt

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relief. Salt and water is the favorite remedy with the native Californians. Cream from cow's milk is an excellent and very soothing application. But I now believe the hot bath, at as high a temperature as can possibly be borne, to be the best and most suitable external application under Homœopathic treatment.

With this imperfect account of the RHUS LAURINA, its effects, and their treatment, I must draw my letter to a close. I trust it may not be found altogether uninteresting, and that some lover of science may be willing to prove the tincture which accompanies the letter. I have several other tinctures on hand, which, in due time, I shall send to you, together with my own observations in regard to the plants and their effects.

In the mean time, I remain, gentlemen,

Very respectfully, yours,

M. J. RHEES, M. D.

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CONSTITUTION,

BY-LAWS AND RULES OF ORDER,

OF THE

AMERICAN INSTITUTE OF HOMŒOPATHY.

CONSTITUTION.

ARTICLE I.

This association shall be styled the American Institute of Homœopathy.

ARTICLE II.

The object of this institute shall be the improvement of the science of medicine.

ARTICLE III.

This institution shall be composed of those physicians who are already members, and of such others as may be hereafter duly chosen in conformity with its by-laws.

ARTICLE IV.

The officers of this institute shall be a Chairman, a General Secretary, a Provisional Secretary and a Treasurer, with such

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other officers as shall be designated by the by-laws, to be chosen at such times, in such manner, and for such periods, and with such duties as those by-laws shall ordain.

ARTICLE V.

The institute shall have and use one common seal with a suitable device and inscription.

ARTICLE VI.

This constitution may be altered or amended by a vote of two-thirds of all the members, present at a regular annual meeting, provided that notice of such such alteration or amendment shall have been given in writing at a previous annual meeting of the institute.

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BY-LAWS.

ARTICLE I.

The Institute shall hold at least one session in each year, at such time and place as may be determined upon from time to time.

ARTICLE II.

The officers shall be elected annually by ballot, and a majority of all the votes shall be necessary to a choice.

ARTICLE III.

It shall be the duty of the Chairman to preside at the meetings of the Institute, to preserve order therein, put all questions, announce the decisions, and appoint committees not otherwise ordained.

ARTICLE IV.

It shall be the duty of the General Secretary to organize the meetings and preside until a Chairman shall be elected, to keep a record of the proceedings of the meetings, answer all letters addressed to the Institute, open and maintain such correspondence as may tend to advance its interests, to give proper notice of the meetings of the Institute, to notify candidates of their election, and sign certificates of membership.

ARTICLE V.

It shall be the duty of the Provisional Secretary to assist the General Secretary, and in his absence to perform his duties.

ARTICLE VI.

It shall be the duty of the Treasurer to receive all monies belonging to the Institute, to make all necessary disbursements and report annually in writing.

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ARTICLE VII.

At each annual session of the Institute, there shall be a board of five Censors elected by ballot, who shall act until others shall be appointed, whose duty shall be to receive credentials of candidates, and report such as may be found properly qualified to the Institute for election, any three of whom shall constitute a quorum.

ARTICLE VIII.

Any person who shall have pursued a regular course of medical studies, according to the requirements of the existing medical institutions of our country, and shall have obtained a certificate of three members of this Institute that he has thus complied with the above requirements, and that he sustains a good moral character and general standing, addressed to the Board of Censors, and by them satisfactorily found qualified in the theory and practice of Homœopathy, and so reported to the Institute, may be elected a member thereof, and upon the payment of two dollars shall receive a certificate of such election.

ARTICLE IX.

There shall be a Central Bureau for the augmentation and improvement of the Materia Medica, consisting of five members, to be appointed by the chairman.

ARTICLE X.

Certificates of membership shall be granted to such as are already members, of the Institute, on the payment of one dollar, and to new members on the payment of two dollars.

ARTICLE XI.

These by-laws may be altered or amended by a vote of a majority of members, present at any annual meeting.

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ORDER OF BUSINESS.

1. The meeting shall be called to order by the General Secretary, or in his absence the Provisional Secretary, or in the absence of both Secretaries the Treasurer, or such person as shall be chosen by the members present, shall preside until a Chairman is chosen.

2. Calling the roll of members.

3. Choice of Chairman by ballot to preside at the meeting.

4. Appointment of Standing Committee on the election and reception of members.

5. Reading of such portion of the minutes of the last meeting as may relate to unfinished business, or matters referred to the next meeting.

6. Appointment of Standing Committee of five on the Treasurer's account and vouchers.

7. Report of Treasurer, with vouchers of expenditures.

8. Report of Committees appointed at the last meeting.

9. Reports and Communications from auxiliaries and corresponding bodies.

10. Election of officers.

11. Annual address.

12. Time and place of the next annual meeting and Committee of Arrangements.

13. Choice of a member to deliver the annual address at the next meeting, and an alternate.

14. Reading of minutes for correction and approval.

15. Adjournment.

The rules relating to the order of business may be varied for the time being by common consent, or by a vote of two-thirds of the members present.

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The general rules of the House of Representatives of the United States shall be observed in debate and manner of transacting business, where there are no rules of the Society applicable to the subject.

Resolutions adopted May 14, 1846.

Resolved, that this Institute recommend the formation of local Homœopathic Societies on the basis of the Institute.

Resolved, That each local Society be recommended to appoint a bureau for the augmentation and improvement of the Materia Medica, whose duty it shall be to send to the Central Bureau information in relation to the following topics:

1. The effects which may be observed from the trial of new remedies, whether in health or disease, stating the precise localities of the symptoms, the times of the day at which they occur, with all the attending circumstances and conditions.

2. New symptoms, either pathogenetic or curative, of medicines already or not fully tried, which are clearly ascribable to those drugs, with particulars of such case.

3. Symptoms of remedies which have more frequently occurred in practice, also any remarkable coincidence in popular practice, especially in cases of poisoning.

4. It is expected that each local Society will report itself annually to the Institute.

5. That each member of the Institute be earnestly desired to make trials of drugs upon himself.

Resolution adopted June 10, 1847.

Resolved, That the members of the Institute be required to pay the annual sum of $1, towards defraying the expenses of the Institute.

Resolution adopted June 13, 1850.

Resolved, That candidates who may be hereafter admitted to the membership of the Institute, who may have received a

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diploma from some regularly established Medical College, or Institution legally authorised to confer such degree, shall have the title M. D. affixed to their names, and all who have not such degree of Doctor of Medicine, but are eligible to membership according to the seventh article of the By-Laws, shall have prefixed the title of Dr., and the Board of Censors are hereby instructed so to report their names to the Institute.

Resolutions adopted June 12, 1851.

Resolved, That this Institute consider it the duty of every member to make some written communication at every annual meeting, upon some matter pertaining to the general interests of Homœopathy.

Resolved, That members of the Institute who may change their place of residence, are hereby requested to give notice of snch change to the General Secretary.

Resolutions adopted June 8, 1853.

Resolved, The members of the Institute who shall sign the certificate of an applicant for membership, shall state upon the certificate the name of the Medical College of which such applicant shall have graduated.

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NAMES OF MEMBERS

OF THE

AMERICAN INSTITUTE OF HOMŒOPATHY.

The Asterisk (*) denotes Deceased.

A

Abbot, Jehiel, M.D., Westfield, Mass.
Adams, Henry, M.D., Cohoes, N. Y.
Adams, R. E. W., M.D., Texas.
Anderson, M. M.D., Philadelphia.
Andrews, J. R., M.D., Camden, N. J.
Annin, J. D., M.D., Newark, N. J.
*Atwood, M., M.D, Francistown, N. H.
Allen, James H., M.D., New-York City.
Armour, Thomas, M.D., Allowaystown, N. J.
Angell, H. C. M.D., Salem, Mass.
Anderson, Moses, M.D. New York.

B

Ball, A. S. M.D., New York City.
Barlow, S. B., M.D., New York City.
Bauer, A., M.D. Cincinnati, O.

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Barrows, Ira, M.D., Providence, R. I.
Bartlett, E. M., M.D. Louisiana.
Bayard, Edward, M.D., New York City.
Belcher, George E., M.D. New York City.
Bell, Sanford, M.D.,
Bell, Wm. C., M.D., Middletown, Conn.
Belt, R. G., M.D., Millford, Mass.
Bennet, H., Dr., Rochester, N. Y.
Berens, Bernard, M. D., Philadelphia.
Berens, Joseph, M.D., Philadelphia.
Bloss, Richard, M.D., Troy, N. Y.
Boardman, J. C., M.D., Trenton, N. J.
Bolles, R. M., M.D., New York City.
Bowers, B. F., M.D., New York City.
Bowers, Josiah, M.D. New York City.
Bradford, Richmond, M.D., Auburn, Me.
Brown, R., Joseph, Galveston, Texas.
Bryan, R. S., M.D., Troy, N. Y.
Burrit, A. H., Dr., Cleveland, O.
Bute, G. H., M.D., Nazareth, Pa.
Barrows, George, M.D., Taunton, Mass.
Beakely, J. M.D., New York City.
*Baker, George, M. D., Chelsea, Mass.
Baxter, Wm., M.D., California.
*Beard, D. H., Dr., Troy, N. Y.
Burke, A. C., M.D., Brooklyn, N. Y.
Bigler, G. W., M.D., Cincinnati, O.
Bell, H. W., M.D., New York City.
Brainard, Jehu, M.D, Cleveland, Ohio.
Bissell, A. F., Toledo, Ohio.
Burritt, A. R., Cleveland, Ohio.

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Blair, A. O., M. D. Columbus, Ohio.
Barnes, G. W., M. D., Cleveland, Ohio.

C

Cator, H. Hull, M.D., Syracuse, N. Y.
Channing, Wm. M.D., New York City.
Childs, Amherst, M.D., Waterloo, N. Y.
Clark, Eliphalet, M.D., Portland, Me.
Clark, P., M.D., Coventry, R. I.
Clark, Luther, M.D., Boston, Mass.
*Cook, Geo. W., M.D., New York City.
Clements, Z., M.D., Victoryville, Saratoga Co. N. Y.
Cook, A. P., M.D., Hudson, N. Y.
Collins, H. A., M.D., Springfield, Mass.
Crittenden, W. H., Dr., Bergen Co., N. J.
Crittenden, J. Dr., Morris Co., N. J.
Crosby, ———, Dr., Akron, Summit Co., O.
Chase, H. L., M.D., Cambridge, Mass.
Clary, Lyman, M.D., Syracuse, N. Y.
Colby, Isaac, M.D., Salem, Mass.
Cox. Geo., M.D., Williamsburg, L. I.
Coxe, Jr., John Redman, M.D., Philadelphia.
Crocker, Isaac Senter, M.D., Providence, R. I.
Cummings, J. M., M.D., Portland, Me.
Cushing, John J., M.D., Sanfrancisco, California.
Chase, Durfee, M.D., Palmyra, N. Y.
Clark, J. K., M.D., Worcester, Mass.
Cook, Simeon A., M.D., Troy, N. Y.
Cole, Harvey, M.D., Pittsfield, Mass.
Cornell, Benj. F., M.D., Moreau Station, Saratoga Co. N. Y.

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Caine, William, M.D., Ravenna, Ohio.
Coulter, J. H., M.D., Columbus, Ohio.
Coules, E. W., M.D., Cleveland, Ohio.

D

Dake, D. M., M.D., Pittsburg, Pa.
Dake, C. M., Dr., Genessee, N. Y.
Denison, Jeremiah T., M.D., Fairchild, Conn.
Detwiller, H., M.D., Easton, Pa.
Dubs, Samuel R., M.D., Philadelphia.
Dunnell, H. G., M.D., New York City.
Dutcher, B. C., M.D., New York City.
Dewolf, Jno. J., M.D., Providence, R. I.
Douglass, J. S., M.D., Milwaukie, Wis.
Dodge, Moses, M.D., Portland, Me.
Donovan, T. W., M.D., Quarantine, Staten Island, N.Y.
Duffield, Henry, M.D., Philadelphia, Pa.
Dake, J. P., M.D., Pittsburg, Pa.
Dodge, Lewis, M.D., Cleveland, Ohio.

E

Ehrman, C., M.D., Lexington, Ky.
Ehrman, F., M.D., Cincinnati, O.
Ehrman, B., M.D., Cincinnati, O.
Esrey, W. P., M.D., Philadelphia.

F

Fairchild, S., M.D., Parsippany, N. J.
Flagg, Josiah F., M.D., Boston, Mass.
Freeman, Alfred, M.D., New York City.
Fuller, Milton, M.D., Medford, Mass.

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Foote, Elial T., M.D., New Haven, Conn.
Foote, Geo. T., M.D., Buffalo, N. Y.
Foote, Charles C., M.D., New Haven, Conn.

G

Gambell, W. P., M.D., Francistown, N. H.
Gardiner, Richard, M.D., Philadelphia.
Gardiner, W. A., M.D., Philadelphia.
Gardiner, Daniel R., M.D., Philadelphia.
Gilbert, James B., M.D., Savannah, Ga.
Gosewich, C., M.D., Wilmington, Del.
Gray, John F., M.D , New York City.
Green, J., M.D., Washington City, D. C,
Gregg, Samuel, M.D., Boston, Mass.
Guernsey, H. N., M.D., Frankford, Pa.
Gallop, Wm., M.D., Bangor, Me.
Guernsey, E., M.D., New York City.
Geist, F., M.D., Boston, Mass.
Graves, S. W., M.D., Chicago, Ill.
Guy, S. S., M.D., Brooklyn, N. Y.
Gatchell, H. P., M.D., Painesville, O.
Guernsey, William F., M.D., Frankford, Pa.
Garrettson, Jesse, M.D., Cincinnati, Ohio.

H

*Hale, Eben, M.D., Boston, Mass.
Hallock, L., M.D., New York City.
Harris, Z. H., Dr., New York City.
Havens, S. F., M.D., Buffalo, N. Y.
Haynel, A. F., M.D., Baltimore, Md.
Helmuth, W. S., M.D., Philadelphia.
Hempel, Charles J., M.D., Brooklyn.

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Hering, C., M.D., Philadelphia.
Holt, Daniel, M.D., Lowell, Mass.
Hull, A. G., M.D., New York City.
Hull, A. Cooke, M.D., Brooklyn, N. Y.
*Humphreys, E., Dr., Utica, N. Y.
Hanford, L. C., M.D., Williamsburgh, L. I.
Harris, C. W., M.D., Swanzey, Mass.
Herrick, I., M.D., Lyndborough, N. H.
Hoppin, Washington, M.D., Providence, R. I.
Humphreys, Fred., M.D., Philadelphia.
Hammond, Milton, M.D., Baltimore, Md.
Hill, B. L., M.D., Berlin, O.
Henry, John H., M.D., Montgomery, Ala.
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